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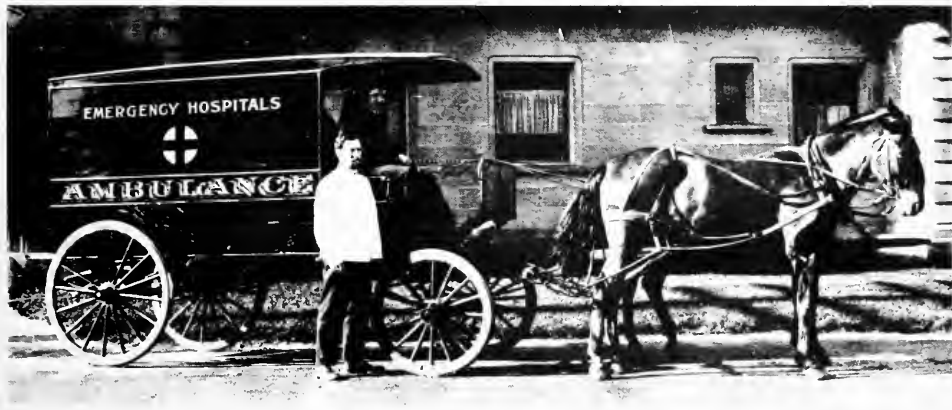
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1972-73

# Department of Public Health

## ANNUAL REPORT

1972 - 1973



1876

*"Health is a state of complete  
physical, mental and  
social well-being  
and not merely  
the absence  
of disease  
or infirmity"*



1973

Quotation from the Constitution of the World Health Organization

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ANNUAL REPORT

DEPARTMENT OF PUBLIC HEALTH

CITY AND COUNTY OF SAN FRANCISCO

FISCAL YEAR 1972 - 1973



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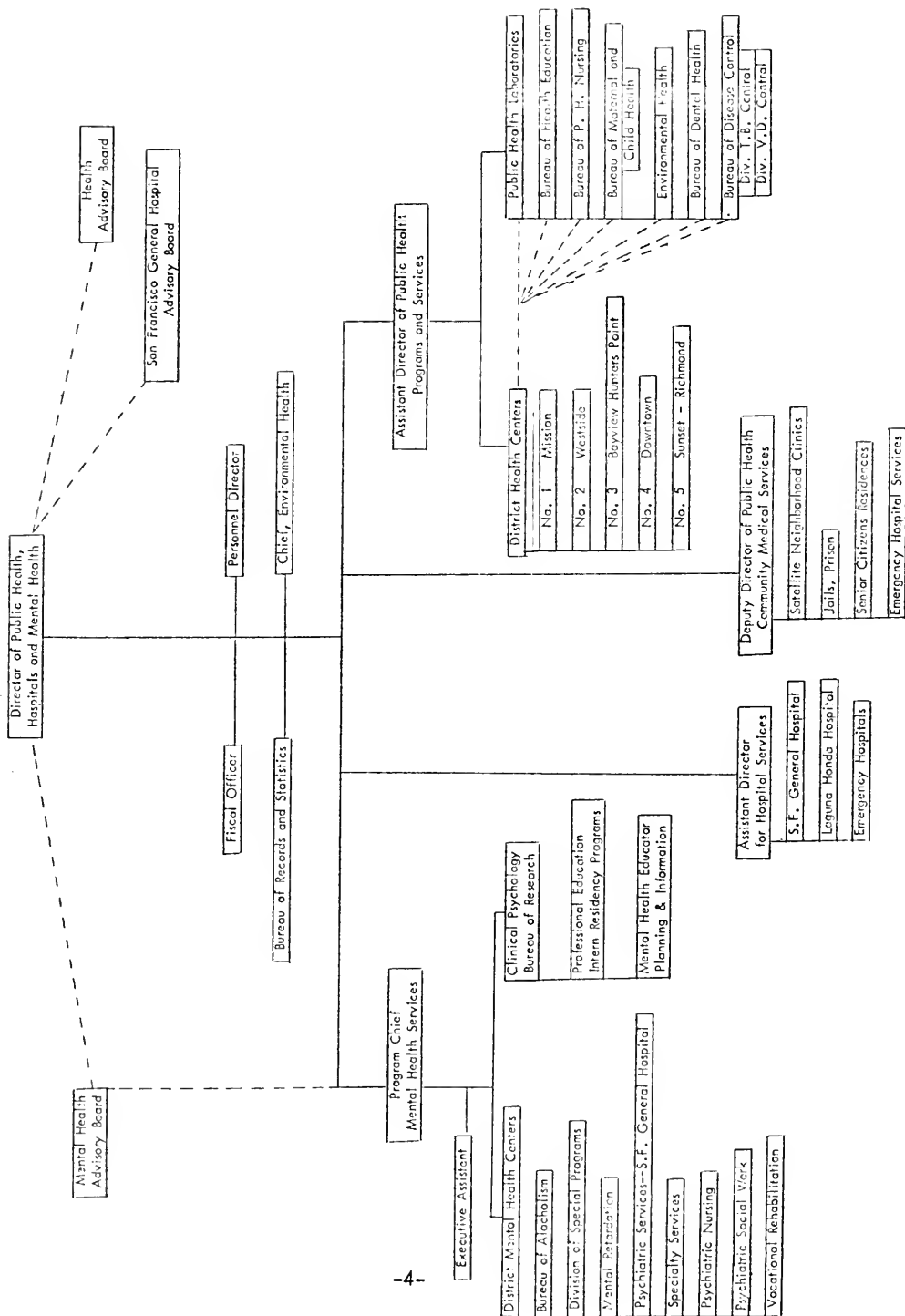
## ADMINISTRATION







# ORGANIZATION OF SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH



REPORT OF DIRECTOR OF PUBLIC HEALTH



## REPORT OF DIRECTOR OF PUBLIC HEALTH

### INTRODUCTION

The mission of the Department of Public Health is to promote the highest level of comprehensive health care services to the people of San Francisco through the utilization of public and private resources of the community. The Department of Public Health provides health care services not readily available nor readily accessible through the private sector of medicine. These services include, but are not limited to: major emergency and trauma treatment; acute medical and surgical care; chronic medical services; special diagnostic and treatment clinics. In addition to these services, the Department of Public Health promotes the general health and well being of the community through prevention of disease and the removal of environmental health hazards.

The Department of Public Health has developed a comprehensive health care delivery system to insure that health care services necessary for the diagnosis and treatment of medical emergencies and illnesses and the prevention of disease are available and accessible to the community. This system consists of a number of interrelated and interdependent components: Mission Emergency Trauma Center, San Francisco General Hospital, Laguna Honda Hospital, Emergency Ambulance and Medical Services, and district and neighborhood health centers. While each facility or program is frequently described separately, it is important to view each as providing specific services which are complemented by additional services within the comprehensive health care system.

The ultimate goal of the Department of Public Health is a health care delivery system that provides comprehensive, high quality services which are readily available, accessible and acceptable to all residents of San Francisco. During the past few years, the Department has taken many steps towards the accomplishment of this goal: new and improved primary and preventive services are being provided in District Health Centers; comprehensive community mental health services have been developed and now include a wide range of drug abuse prevention and treatment services and new programs for children and geriatric patients; two neighborhood satellite clinics that provide primary, family-oriented care have been developed; emergency medical services have been improved and expanded; several new health care programs for senior citizens have been implemented; and supportive services to community agencies have been increased.

Decentralization of outpatient services from San Francisco General Hospital to the District Health Centers and community controlled health centers continues to be a priority. The number of patient services provided out-of-hospital will be markedly increased for the community as a whole, so that the number of patient visits actually needed at San Francisco General Hospital will be appreciably reduced. This should result in better and more convenient services for patients, with a reduction in congestion and waiting at the General Hospital. Out-of-hospital diagnostic and treatment services will be expanded and improved in the two community-controlled health centers that provide primary care in the neighborhoods and through decentralization of services to the five District Health Centers for patients who have in the past received their primary care at San Francisco General Hospital.

In order to achieve the goal of a comprehensive, high quality health care delivery system, the Department will need to develop plans and programs for the following: conversion of San Francisco General Hospital into a community hospital; further decentralization of out-of-hospital diagnostic and treatment services from San Francisco General Hospital to District Health Centers and community health centers; development of primary, family-oriented care and expanded preventive health services in the District Health Centers and neighborhood facilities; additional services for Senior Citizens; expanded dental services; new services for chronically ill patients; expanded school health services; full implementation of Emergency Medical Services system; and increased community participation through the Community Advisory Board, in the development of these programs. Planning for many of these programs has started. As they are implemented, the City of San Francisco will move closer to a truly comprehensive health care delivery system consisting of both public and private facilities.

The Department of Public Health has worked closely with the private medical community and community agencies to develop new and improved services. Through cooperative and contractual relations with voluntary agencies, the private medical community and many public agencies, the Department has been able to provide a greatly expanded range of services. This has enabled the Department of Public Health to provide services best suited to the needs of the residents in neighborhoods where they live.

The Department of Public Health has been cognizant of and responsive

to the health care needs of San Francisco residents. It has worked extensively with community groups and organized neighborhood and specialized community advisory boards to develop and implement programs in areas of special concern that meet the needs of various neighborhoods. The primary concern of these groups has been the availability and accessibility of facilities and services that are needed and acceptable to the community.

### COMMUNITY ADVISORY BOARD

With the opening of the new hospital in 1974, the Director of Public Health recognized the immediate importance of establishing a Community Advisory Board for San Francisco General Hospital to assist him and the Department in planning programs and services for the future operation of the hospital. The director believes that only through broad community representation and participation in the planning process will the Department be able to respond more effectively to the needs of the community as a whole and to specific groups and neighborhoods in particular. Thus in August, 1973, the Director appointed an interim Community Advisory Board for San Francisco General Hospital to act as an advocate for the Hospital and the health care delivery system; to be liaison between the Hospital and the community; and to assist the Director in planning programs and services for the new Hospital which are more responsive to community needs. The Community Advisory Board is composed of representatives of all major districts of the City and selected individuals with expertise in certain specialized fields.

The Community Advisory Board will act in an advisory role to the Director or Public Health. It will actively participate with the staff and the Director of the Department in planning and development of new and expanded health care services, review of program changes, and preparation and review of the annual budget. As the Board and its permanent working committees become knowledgeable about the health care delivery system and gain experience in working with the Department, it will have increased responsibility for services at San Francisco General Hospital and other health facilities comprising the health care delivery system.

The Community Advisory Board will have six working committees that will develop one and five year master plans for San Francisco General Hospital and the health care delivery system; plan and develop programs and services in special areas; and, review the annual budget. Each working committee will include representatives from the following: employees and medical staff from San Francisco General Hospital, the Community Advisory Board, other Department Advisory Boards, and established specialized community boards. This composition will insure broad community representation and participation.

The Director of Public Health will submit a report from the Community Advisory Board and its working committees to the Board of Supervisors annually. Recommendations from the Community Advisory Board regarding plans, programs, and the future role of San Francisco General Hospital and the health care delivery system will be placed before the Mayor and the Board of Supervisors for their information and necessary action.

The Community Advisory Board will have the following composition:

#### COMMUNITY REPRESENTATIVES

10

##### Neighborhood Representatives

8

- |                                   |                          |
|-----------------------------------|--------------------------|
| 1. Bayview-Hunters Point District | 5. Chinatown-North Beach |
| 2. Mission District               | 6. Sunset District       |
| 3. Central City                   | 7. Richmond District     |
| 4. Western Addition               | 8. Marina District       |

##### Hospital Worker Representation

2

1. Hospital Worker
2. Labor Representative (Non-employee) (Locals 250 & CSA-400)

#### COMMUNITY REPRESENTATIVES WITH SPECIALIZED EXPERTISE

4

- |                          |                                  |
|--------------------------|----------------------------------|
| 1. Insurance             | 3. Private Hospital              |
| 2. Clinical Faculty/SFGH | 4. San Francisco Medical Society |

#### CITY REPRESENTATIVES

3

1. Controller
2. Member, Finance Committee
3. Director of Public Health

The following working committees will be established:

1. Finance
2. Program Planning and Space
3. Patient Care (Acute, Chronic, Emergency and Trauma)
4. Outpatient Care
5. Personnel - Labor - Management
6. Community Relations



## SAN FRANCISCO GENERAL HOSPITAL

### CHANGING ROLE OF THE HOSPITAL

During the past twelve years, San Francisco General Hospital has changed from a facility caring largely for the chronically ill to one caring for acute medical and surgical problems. In 1961-62, forty (40) per cent of the patients were receiving long term chronic care, whereas in 1972-73, ninety-five (95) per cent of the patients required acute general medical and surgical services. In 1962 there were 1,114 licensed beds at San Francisco General Hospital with a daily occupancy of 831, or 74.6 per cent; in 1972 the total number of beds was reduced to 653 with a daily occupancy of 410, or 62.8 per cent. This represents a dramatic change in the health care delivery system. Today unnecessary and prolonged hospitalization has been either eliminated or markedly reduced for chronic diseases, tuberculosis and psychiatric illnesses. In 1961-62, there were an average of 185 chronically ill medical patients who were awaiting transfer to either Laguna Honda or to Hassler Hospitals. In addition, there were 508 patients admitted with active tuberculosis who were hospitalized on the average of one year, whereas in 1971 there were 138 patients hospitalized with an average stay of 90 days, but with 73 per cent of the patients remaining in the hospital less than 60 days. And, in 1961-62, twenty-nine (29) per cent of the total admissions to the hospital were to the Psychiatry Service, as compared to only 5.5 per cent in 1972. As the data indicates, patterns have changed dramatically; this is due to not only improved inpatient services, but also to greatly expanded services in the District Health Centers, outpatient clinics and Laguna Honda Hospital. Today, chronic and convalescent patients are being sent to Laguna Honda Hospital and other convalescent facilities; tuberculosis patients are discharged much earlier and treated in clinics near their homes; and, psychiatric patients formerly admitted to San Francisco General Hospital, enroute to State Hospitals, are now being treated as outpatients and/or are hospitalized for a much shorter length of time.

San Francisco General Hospital is presently licensed for 653 beds but only 579 are actually available for usage. Of the 579 beds available, 149, or approximately 26 per cent are for specialized services and cannot be used for anything else. These include pediatrics, maternity, nursery, jail ward, communicable diseases and psychiatry beds. Each of these areas has an average daily occupancy between 31% and 36%, whereas the utilization of the remaining 430 beds used for general medical and surgical care has a daily occupancy of 80 per cent. This is higher than usually found in the community as a whole.

A comparison of acute medical and surgical patients admitted to the hospital indicates there were 13,813 admissions in 1961-62 and 16,988 admissions in 1972-73. This represents an increase of 3,175 patients or a twenty-three (23) percent increase over the past twelve years. Because of the level of seriousness of the patients' illness, there has been a radical shift in nursing staff patterns. For example, in 1962, 303 or 36.5 per cent of the patients who were chronically ill were cared for by 21 nursing personnel, or one hour or less of nursing care per day. In 1972 the staffing pattern on an intensive care unit utilizes 21 nursing personnel for fourteen patients, or twelve hours of nursing time per patient per day. Also, it is now necessary to maintain a higher level of medical, nursing, ancillary and paraprofessional, and professional personnel. Many patients treated at the Emergency and Trauma Center for toxic ingestions, gunshot wounds, stabbings, assaults and auto accidents in 1972 are being saved because of specialized nursing and other supportive services, which cannot be provided at 1962 levels without a rapid rise in mortality. Furthermore, medico-legally many more specialized tests and special procedures are required to diagnose and follow the progress of the patients, especially the severely traumatized. Thus, more rather than fewer personnel are necessary in the clinical laboratories and the radiology departments.

The changing role of the hospital is also reflected in the utilization of the San Francisco General Hospital Division of Outpatient and Community Services. With the improvement and expansion of outpatient facilities, many patients are now treated out-of-hospital. In 1962, there were 146,716 patient visits and in 1972-73 there were 219,256 outpatient visits. This represents an increase of forty-nine (49) percent during the past twelve years. This has required an increased number of medical, nursing, ancillary, and professional personnel in the outpatient department. Additional highly skilled personnel are required to staff specialty services.

The actual number of positions funded in the budget is adequate to operate the Hospital, providing all positions are filled. However, vacancies are not immediately filled by permanent, properly qualified individuals. Failure to replace personnel immediately on a one for one basis results in a lowering of the quality of care, and in stopgap measures that require shifting of qualified personnel from less critical areas so that patients will not die. Existing policies for filling of vacant jobs, has created shortages in the hospital which have been readily recognized by accreditation and licensing teams, knowledgeable reviewers, the Department of Public Health, and by patients. However, some

have failed to recognize that when a vacancy occurs within health care services there must be an immediate one for one replacement with a properly qualified person; not just any body will do: e.g., when a neurosurgeon is necessary the position cannot be filled with just any physician, such as a dermatologist. The same holds true for nurses: some are excellent in the care of chronically ill and aged, but are totally unqualified to work in an acute Intensive Care Unit or in Surgery. In no other city service is one for one replacement absolutely necessary to prevent the loss of life.

In 1972, San Francisco General Hospital was placed on probation for a second year by the Joint Commission on Accreditation for Hospitals. The environmental deficiencies enumerated during the survey of the preceding year were sufficiently corrected "for an old hospital being phased out", so as to merit full accreditation. The JCAH stated that the sole reason for probation was the extra-departmental job freeze and equipment freeze. The JCAH states this situation removes from the Department of Public Health the necessary operational control of the hospital services. This seems to be verified by the fact that the California Medical Association accredited the hospital for two years, following the site visit by the Joint Commission on Accreditation for Hospitals. Unless this extradepartmental freeze of budgeted positions is eliminated, the General Hospital will become non-accredited, which will mean a potential loss of \$15.0 million revenue from MediCare (Title XV II) and MediCal (Title XIX).

#### DIVISION OF OUTPATIENT AND COMMUNITY SERVICES

With the assistance of an OEO Grant, Division of Outpatient and Community Services at San Francisco General Hospital will reorganize a portion of ambulatory services and establish three clinics that will provide comprehensive, family-oriented primary care. Services to be provided in each clinic include: medical, diagnostic and treatment services with follow-up; mental health services; dental care and treatment; preventive services; and health education. These will be available to family members of all ages. Supportive services to insure continuity and comprehensive care will be provided by San Francisco General Hospital, with the clinics following their patients into secondary and tertiary care either as outpatients or inpatients. The development of the family-oriented health centers will insure improved quality of care. This will be accomplished through the use of interdisciplinary health that will coordinate care between the patient, his family and the health personnel throughout the course of care. Comprehensive ambulatory care services will be available at the South of Market Health Center, Potrero Hill Health Center and the Family Health Center at San Francisco General Hospital.

- 1) South of Market Health Center - This Center began providing a full range of ambulatory services to a large previously underserved community composed primarily of senior citizens, Skid Row residents and immigrant groups in July, 1972, under a grant from OEO. Within the next year these services will be expanded, health teams will receive additional training, hours of services increased, new dental services added. The Center will be relocated in a new facility in 1974. The Center is governed by a neighborhood policy board, with supportive diagnostic and treatment services provided by San Francisco General Hospital.
- 2) Family Health Center at San Francisco General Hospital: During 1972-1973 this Center increased its hours of service and hired a fulltime Family Nurse Practitioner. In July 1973, the clinic began operating on a fulltime basis, with the addition of a fulltime director of Family Psychiatric Services, a new Family Residency Program and other supportive staff. The full range of primary care services will be available to families in this Center.
- 3) Potrero Hill Center: This Center will be built and opened early in 1974. Like the other family-oriented health centers, comprehensive ambulatory care services, including a full range of dental and mental health services will be available in this center. This health center is also governed by a community policy board, with supportive diagnostic and treatment services provided by San Francisco General Hospital.

A coordinated program for continuity of patient care is being developed between in-patient and outpatient services. In the Family Health Center, the family practitioner residents will follow their patients during hospitalization. The South of Market and Potrero Hill Health Centers medical staffs have both staff and family practice appointments with "attending privileges" at San Francisco General Hospital.

### TRAUMA CENTER

In October, 1972, the new Trauma Center was dedicated. San Francisco General Hospital is one of nine medical centers in the United States and the only one on the West Coast to be selected by the National Institute of General Medical Sciences for the study of Trauma and for improving methods of care of critically ill patients. Along with the opening of the Trauma Center, the Mission Emergency Hospital was reorganized to include an Emergency Walk-in Clinic. This new service will enable staff, using triage, to immediately treat major emergencies and trauma cases in the Trauma Center and treat less emergent problems in either the Emergency Walk-in Clinic or in the outpatient clinics. Traffic congestion in the Center has been greatly reduced and patients now wait less time to be treated. In September, 1973, a six bed Burn Unit will be opened to provide specialized wound care and critical care nursing.

## LAGUNA HONDA HOSPITAL

Laguna Honda Hospital continues its trend towards becoming more of an acute care facility and less of a nursing or rest home. In addition the hospital is now providing outpatient services. With these new services patients may be discharged earlier from the hospital and staff will be able to follow patients more closely and prevent problems from developing that may cause the patient to be rehospitalized.

During the past year, the Physical Therapy, Occupational Therapy and Speech Therapy Departments have instituted a Brain Trauma Program (BTP) to treat patients who are in a comatose or semi-comatose condition. This program is operated on a separate schedule from the regular department programs. It is unique in that therapists from various departments are working together in the same area giving the patients the maximum benefit of their special skills. This program allows comatose and disoriented patients to be given therapy sooner than they otherwise would be able to tolerate in regular therapy programs.

The remodeling of the x-ray suite and updating of the equipment will provide patients with the latest in diagnostic services and will provide greatly increased services that were not previously available at the Hospital. This will decrease the number of patients who must be sent to San Francisco General Hospital and to other facilities for diagnostic services.

## EMERGENCY MEDICAL SERVICES

During the first six months of 1973, the Department of Public Health received a total of \$1,487,455 from revenue sharing funds for the improvement and expansion of Emergency Medical Services. The importance of and support for this vital service is indicated by the fact that San Francisco was the only city to allocate revenue sharing funds for health care. Approximately 1.1 million dollars went for the purchase of sixteen new ambulances; conversion of two of the older ambulances into trauma vans; life support systems for each ambulance; a radio telemetry system; and, training of all personnel: physicians, nurses and ambulance crews in modern emergency care techniques, pre-hospital coronary care and use of radio communications and transporting of patients. And, \$394,000 went for emergency supplies for the Trauma Center at San Francisco General Hospital. The \$1.4 million was allocated for the following:

Equipment, including 16 new ambulances	\$ 519,000
Radio Telemetry System	206,400
Training of Personnel	270,212
Trauma Center, SFGH	394,000
Personnel	<u>97,443</u>
	<u><u>\$1,487,455</u></u>

The Department of Public Health has established the following priorities for the implementation of the emergency medical system:

1. Radio communication system: Will enable all ambulance personnel to communicate with the dispatcher at Central Emergency and with the Trauma Center at San Francisco General Hospital.
2. Training program: This training will be in addition to specialized training which personnel bring with them to the job. Presently the requirements for employment are higher than for any other emergency service in the country. All members will receive 320 hours of training, 30 of which will be for pre-hospital coronary care. The training program for ambulance crews and emergency room personnel will be available without cost to the private sector, if they choose to participate.
3. Radio Telemetry System for pre-hospital coronary care: Patients will be treated under the direction of a physician from the time an ambulance arrives at the scene until the patient is in the hospital. ECG will be available at the Trauma Center, the Cardiac Intensive Care Unit and in the future, possibly at private hospitals.
4. Inclusion of the private ambulances and private hospitals in the radio telemetry and dispatch service if they meet the necessary standards and choose to participate.

### PRESENT STRUCTURE

1. Superintendent, Emergency Medical Service
2. Assistant Superintendent
3. Senior Medical Steward
4. Steward
5. Driver

### FUTURE STRUCTURE

1. Chief of Emergency Medical Services
2. Deputy Chief, E M S
3. Assistant Chief
4. Senior Medical Steward
5. Medical Steward/Driver

Within the new structure, the Chief will be responsible for directing the entire service. He will be knowledgeable about the entire City, and will be able to handle any emergency. The Deputy Chief will be second in command and act as back-up to the Chief. He will be responsible for supervision of services and emergency and disaster planning for the Central or Downtown district. There will be one Assistant Chief for each of the other four health districts; each will be responsible for Emergency Medical Services operation within his district, and will be thoroughly familiar with the district, inspecting it regularly. The Senior Medical Stewards will be primarily responsible for ambulance dispatching and communications, but may have other special assignments.

Following the training program, the new position of Medical Steward/Driver will be used. This administrative reorganization will provide advancement opportunities for all permanent personnel. Previously the position of ambulance driver was dead ended in the Civil Service System.

An eight week training program for all EMS Medical Stewards and Ambulance drivers will start in September, 1973. It will cover all aspects of emergency medical care, including prehospitalization coronary care. Formal instruction will be given at San Francisco Community College (Adult Division) and practical sessions will be conducted at San Francisco General Hospital. A separate course in driver training under emergency conditions and driver sensitivity will also be given. EMS physicians and nurses are presently attending a forty hour course on emergency medical care.

Thurs, within the next year the Department will have realized its goal of an EMS that will provide the finest quality emergency care. Ambulances will take less time to reach the patient and less distance will be traveled to take

the patient to the hospital. With the new radio communications system and highly trained personnel, preliminary stages of definitive care will be initiated as soon as the ambulance arrives at the scene. The ambulance stewards will be in constant contact with and under the direction of a physician at the Trauma Center at San Francisco General Hospital from the time the patient is reached and while the patient is being transported to definitive medical care. This will insure the highest quality of emergency care.

### DISTRICT HEALTH CENTERS

The district Health Centers originally provided services intended to promote health and prevent disease, particularly in infants and young children, through screening examinations, early referral, counseling, immunizations and health education. Within the last several years the services in these Centers have been expanded to provide treatment for some acute and chronic conditions. While every District Health Center provides the same general services, each district emphasizes those services which are of major concern to that particular neighborhood. Thus, the programs are tailored to meet the needs of the neighborhood while at the same time providing the full range of services. The District Health Centers are providing diagnostic, referral and preventive services to the community as a whole, and supportive services to many agencies serving high risk ethnic, racial and cultural groups.

Pre and post-natal clinics will be established in Health Centers 2 and 3 to provide readily accessible pre and post-natal care and guidance, and family planning services to women in the districts. Maternity Nurse Practitioners, in collaboration with physicians, will perform necessary physical examinations and laboratory tests at the clinics, and will provide counseling service in prenatal care, child birth education, family planning, baby care and feeding, nutrition, and sexual counseling at the clinics and in the homes. During antepartum care, the nurse will instruct patients intensively regarding health in relation to the total family needs, with consideration of social conditions that affect the family. Prenatal patients without major medical problems will receive care at the clinics until the thirty-sixth week of pregnancy. After the thirty-sixth week they will be seen at San Francisco General Hospital. Patients may be referred to San Francisco General Hospital at any time for medical consultation or laboratory tests when indicated and/or at the patient's request. This program will be done cooperatively with the Obstetrics Clinic at San Francisco General Hospital, and will begin in September, 1973.

### NORTH OF MARKET CLINIC

In January 1973, a neighborhood clinic was opened in the Tenderloin district to provide limited diagnostic, treatment and referral services for Senior Citizens and the young people who reside in this area. This clinic was made possible



by working closely with many community groups who obtained a grant of \$25,000 from the San Francisco Foundation for supplies and equipment. Within the next year the Department of Public Health will work with the community to develop plans for new and expanded services and seek federal funding for the clinic.

### SENIOR CITIZENS PROJECT FOR CENTRAL CITY

For the second year a broad spectrum of physical and mental health services were brought to the senior citizens residents in seven Federal Housing Projects in the downtown area. Psychiatric Social Workers, Medical Social Workers, Public Health Nurses, Registered Nurses, Community Health Workers, Psychiatrists and Physicians, were brought together to develop an on-going medical and psychiatric evaluation and service program for the senior citizen residents. Community health aides, many of whom are bilingual are assigned to work in the housing projects to assist the tenants in seeking help for medical and social problems. The community health workers receive backup support from a wide range of health and mental health professionals.

During this past year, these services were well received, and the mental and physical health of the group as a whole have been improved. One major finding of the health workers was that the elderly individuals in the housing projects were becoming more and more isolated because of fear to travel the streets in the downtown area. Many of the residents have been beaten and robbed, so this fear has a solid basis. As a result, the elderly remained confined to the housing project, usually to his room, where there is nothing to do. Many residents have resorted to listening to the radio and using alcohol as an escape from total boredom. A major request from the group was better and safer transportation, particularly to shopping centers and recreation facilities. The Department of Public Health will seek funds to implement a special bus transportation system for these residents. As this project is to terminate in December, the Department has established as a high priority new and additional funding for the continuation and expansion of this program.

### MARS HOTEL PROJECT

In its third year, this project continues to provide services for Skid Row alcoholics. It has proven to be one of the most effective programs for treating alcoholics. Operating under the Director of Public Health, it has been a cooperative effort by the Redevelopment Agency, the Department of Social Services and the Department of Public Health.

The top two floors of the Mars Hotel were allocated to the program, by the Redevelopment Agency, to be used as a detoxification center. Furthermore, the Agency provided in-house workers, who were recovered Skid Row alcoholics, to assist with the care of these patients. During the past three years, 1,436 patients were admitted to the Mars Hotel for acute alcoholic detoxification. They remained in the acute phase of treatment from four to seven days,

with an average of five days. Approximately 90 per cent of the patients completed the acute phase of treatment within seven days and approximately 10 per cent required treatment ranging from two weeks to thirteen months. The Department of Social Services provided workers who helped the alcoholic with food and lodging until he could become productively employed.

The major features of the program were total abstinence from alcohol, good diet, complete medical evaluation, treatment of associated illnesses, supportive therapy for alcoholic symptoms, and humane treatment as human beings. The results of this program are worthy of note: follow-up three months after discharge from the program revealed that 57 per cent were dry and not drinking, and had not been arrested for public drunkenness; 25 per cent were classified as controlled drinking, which meant that they had not been arrested for public drunkenness; and 17 per cent were recidivists who returned to uncontrolled drinking, public drunkenness and frequent arrests.

The results of this small demonstration project have been so outstanding that many individuals in the community have been encouraged to develop a similar but markedly enlarged program for the publicly visible alcoholics. Such programs should be developed in various neighborhoods throughout the City, so that the alcoholic may be treated in familiar surroundings. Although the majority of people believe that such programs should be developed, it is hoped that they will accept them in their own neighborhoods, because alcoholism is not confined to Skid Row. It should be noted, that the Skid Row alcoholic represents no more than 2 per cent of the total alcoholic population of San Francisco; with 98 per cent being found throughout the City in business, industry, and "the nice neighborhoods". The vast majority of the latter comprise the so-called "Hidden Alcoholic", who would be equally as offensive as the Skid Row alcoholic, if they were not rapidly removed or concealed from public view by "friends" and family.

### COMMUNITY MENTAL HEALTH SERVICES

During the past year Community Mental Health Services has succeeded in further implementing a comprehensive mental health service system. As a result of many program changes and new and expanded services, a broad spectrum of mental health services are available and more accessible to a larger number of people. Last year 25 per cent more people used the services than in the previous year. The five district advisory boards and the Mental Health Advisory Board, along with many community agencies and individuals, have assisted staff in the development, review and implementation of new programs.

During 1972-73, Community Mental Health was able to greatly expand programs and provide many new services for children, adults, and geriatric patients. Many of these new or increased services were made possible through six federal grants totaling \$3,800,000.

The Mission Mental Health Center received a growth grant from the National Institute of Mental Health for \$600,000 to expand children's mental health services, recruit and train indigenous community Mental Health workers and develop mental health information and education programs. The Bayview-Hunters Point Mental Health Center received an NIMH grant for \$850,000 to provide new and expanded inpatient and outpatient programs. The Center has contracted to the John Hale Medical Society to provide outpatient and emergency services for children and adults, a drug abuse program, and consultation and education services to residents of Hunters Point.

In December 1972, the Northeast Mental Health Center contracted with Northeast Community Mental Health Services, Inc., to provide outreach, subacute, and chronic care in a comprehensive community care facility; provide evaluation and treatment services to the Hall of Justice and San Bruno Jails; and initiate innovative programs for young adults. The Northeast Citizens Advisory Board was formed in November, 1969 and is composed of representatives from community agencies. With the experience the Board has gained in working with the Center for two and one-half years it was decided Northeast Mental Health Services, Inc., should have a contract with the City to provide a wide range of community-based services. This last year an NIMH grant for \$250,000 was awarded to the Center for new and expanded children's services. This has been contracted out to Northeast, Inc. on a fee for service basis.

During the past year, Community Mental Health Services consolidated all drug and related programs into the new Division of Special Programs. The Division received a drug abuse grant from NIMH for \$1,600,000 for the development of drug-free therapeutic communities for adults and children, residential detoxification services, outpatient counseling, 24 hour crisis services and research. In addition, two contracts were awarded by OEO to the Division for approximately \$500,000 to provide methadone treatment and supportive rehabilitation services in the Bayview and Mission areas.

## BUDGET

The Department of Public Health has used modified program budgeting during the past three fiscal years, which resulted in a more efficient and effective operation, with the expenditure budget less than the appropriation budget. The Department is moving towards full program budgeting, which should be achieved within two years. Currently, there are expenditures at San Francisco General Hospital, Laguna Honda Hospital, and the Bureau of Environmental Health and Sanitation which do not appear in the Department of Public Health appropriation or expenditure budgets, but which are billable services. These expenditures will be clearly identified by unit cost program budgeting, which should result in substantial savings on the local tax base.

PERSONNEL DIVISION



## PERSONNEL DIVISION

### Introduction

As a key staff function of the Department of Public Health, the Personnel Division has continued to support the Bureaus, Health and Mental Health Centers and Institutions of the Department in employment, discipline, training and personnel planning matters. In addition, the Division has provided leadership in the areas of labor relations, training, job classification and job restructuring, and in the gradual reduction of programs cut from the 1973-74 Federal budget. The Division has also set up a branch Civil Service Unit at San Francisco General Hospital which will handle examinations, classification and certification of employees in medically-related classes for the entire Department, but particularly for the two major hospitals. The Department has benefitted from the reduction in the number of Limited Tenure employees and their replacement by permanent Civil Service employees from the expanded testing program of the Civil Service Commission. Improved efficiency within the Department helped to contribute to reduced labor tensions, improved employee morale, and accelerated recruitment and examination efforts where needed within the Department. These improvements should have a direct effect on the improvement of patient care, environmental protection, and health care delivery.

### General Personnel Administration

#### Labor Relations

This has been a year notable for reduction in labor tensions within the Department of Public Health. Much of this has come about through careful adherence to the terms of the revised Memoranda of Understanding at Laguna Honda Hospital and San Francisco General Hospital, and the development of the first Memorandum of Understanding between Community Mental Health Services and Local 250, Hospital and Institutional Workers. Numerous matters which might previously have led to serious misunderstanding have been handled through the Grievance Procedures of the Memoranda of Understanding. The result has been a great increase in grievance handling, but a reduction in labor tensions.

On many occasions the Personnel Division has had to meet and confer with representatives of employee organizations, employee representatives and departmental representatives to discuss the programs of the Department with respect to training, lines of authority, promotional opportunities, and disciplinary procedures. These meetings have resulted in mutually acceptable understandings on a wide variety of issues and have helped develop improved working relationships between the employee organizations and the Department.

### Employment

The Division has worked closely with the Civil Service Commission Staff, which is conducting a vigorous examination program to eventually eliminate Limited Tenure employment. For the first time in many years the Division itself, for example, has a stable personnel staff certified from lists to permanent positions. Throughout the Department, a number of current employees have been trained through the Emergency Employment Act and other Federally-assisted manpower programs and have qualified for permanent appointments. The Personnel Division has continued to work with community organizations in recruiting minority employees, and the Department has been commended by the Human Rights Commission for its efforts in this regard.

### Classification and Job Restructuring

The Personnel Division has continued to work with the Civil Service Commission in the development of the examinations necessary to implement the consolidation of existing positions into the new Health Worker Series. Completion of this examination series will greatly improve the possibilities for both vertical and lateral mobility throughout the Department. Also, the Division has implemented other recommendations of the Arthur Young Survey to provide for improved career opportunities in other classifications of employment.

### The Emergency Employment Act

Although as a result of cuts in Federal funding the Department has not been able to increase the number of EEA employees, it has continued to provide training for those EEA employees who remain. The Department has continued to assimilate into the regular work force those EEA



employees who qualify on Civil Service examinations. A very high percentage of the EEA employees originally under training have received permanent appointments or are on lists awaiting appointment. A full-time Vocational Counselor has assisted EEA employees to prepare for examinations and secure permanent employment from lists.

### Training

There has been a shift in emphasis in the training programs offered by the Department of Public Health from programs intended to employ Federally-sponsored entrance level employees to programs which will improve the skill of persons already employed. The Division has sponsored language training programs in English as a second language and programs intended to improve the skills of personnel competing in Civil Service examinations. It has also provided training in medical terminology for clerical and related classes. There has been a widespread counselling program intended to help present employees select occupations and appropriate training which will help them achieve their career goals. The Division has also begun the implementation of a management training program by offering, for key department heads, a seminar in labor relations through the Institute of Industrial Relations of the University of California, Berkeley. This program was established through the Adult Education Program of the San Francisco Community College District. New training programs for entry-level employees have been designed for preparation of Environmental Health Inspectors, Medical Stewards and Psychiatric Technicians. The Division has also supported a program for the upgrading of Ambulance Drivers and Medical Stewards to insure proper use of the telemetry equipment which will link the ambulances and emergency medical facilities.

### Summer Programs

The Division has continued to cooperate in summer employment programs for disadvantaged youth. Funded through the Neighborhood Youth Corps, these programs provided training for approximately 70 young people from throughout the City. In addition, the Department trained 12 persons in programs sponsored through the Youth Opportunity Corps. Training is provided in Health Centers, in Hospitals and in the City Clinic.

### Decentralized Civil Service Personnel Unit

In cooperation with the Civil Service Commission, the Division has established a branch Civil Service Unit at San Francisco General Hospital. When fully staffed, this unit will handle all classification matters related to the medically-related classes employed throughout the Department of Public Health. In addition, it will conduct examinations for classes in which most employments are found within the Department and which are subject to the continuous testing program. This procedure will allow rapid acceleration of the classification, testing and certification process within the Department. If successful, it will serve as a model for future decentralization of Civil Service activities to other departments within City Government. This is the first time such a unit has been established within the City, and is a milestone in the working relationship between the Department of Public Health and the Civil Service Commission.

### Employment Statistics

Following are employment statistics for the Department for fiscal year 1972-73. Included in the statistics are the number of permanently established positions in the 1972-73 Annual Salary Ordinance, including amendments made during the year; the total number of employees for the payroll period ending June 30, 1973; and a breakdown of total number of employees by temporary and permanent status. (See following page)

Number of Positions for the Payroll Period  
Ending June 30, 1973

<u>Divisions or Institutions</u>	<u>No. of Perm. Budgeted Positions</u>	<u>No. of Temp. Positions (1)</u>	<u>Total No. of Positions</u>
Central Office	532	108	640
Community Mental Health Services	716	239	955 (2)
Emerg. Hosp. Services	103	92	195
Hassler Hospital	6	-	6
Laguna Honda Hospital	1047	205	1252
S. F. General Hosp.	1949	260	2209
Summer Employment	<u>-</u>	<u>82</u>	<u>82</u>
Total	4353	986	5339

- (1) Federal and State funded projects.  
Emergency Employment Act.  
Part-time, as-needed replacement positions.

- (2) 82 - positions, although funded, not to be filled presently due  
to administrative details of implementing expanded programs.

Number of Employees for the Payroll Period  
Ending June 30, 1973

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<u>Divisions or Institutions</u>	<u>No. of Temp. Employees(1)</u>	<u>No. of Perm. Employees</u>	<u>Total No. of Employees</u>
Central Office	224	421	645
Community Mental Health Services	319	394	713
Emerg. Hospital Serv.	76	72	148
Hassler Hospital	5	-	5
Laguna Honda Hospital	235	850	1085
S. F. General Hosp.	309	1583	1892
Summer Employment	<u>82</u>	<u>-</u>	<u>82</u>
Total	1250	3320	4570 (2)

(1) Includes Emergency Employment Act positions.

(2) Number of employees greater than number of permanently budgeted positions because of part-time employments and temporary replacements where needed.

BUREAU OF RECORDS AND STATISTICS

BIRTH AND DEATH REGISTRY



# BUREAU OF RECORDS AND STATISTICS-BIRTH AND DEATH REGISTRY

Fees collected for certified copies of birth and death certificates increased to \$174,475 during fiscal year 1972-73, \$2,777 or 1.6% more than the \$171,698 collected during 1971-72 and \$45,227 or 35.0% more than the fees collected in fiscal year 1962-63. Birth Registry collected \$73,343 for certified copies in fiscal year 1972-73, 1.5% more than was collected in 1971-72 and \$33,095 or 82.2% more than was collected in 1962-63. Death Registry collected \$91,183 in 1972-73, 1.6% more than in 1971-72 and \$12,818 or 16.4% more than 1962-63. Amounts collected for removal permits and searches also increased.

In the calendar year 1972, 2,621 persons filled out counter orders in Birth Registry not resulting in certified copies. Free school cards were issued for 765 children; the remainder of the requests were for assistance in filling out affidavits to amend records, letters to the Social Security Administration stating there was no record of a birth certificate, and furnishing information about other items on the birth certificates. More than 1/2 of these counter orders (58.3%) were for births occurring before 1966.

	FISCAL YEAR			Change 1972-73 from 1971-72	Percent change
	1970-71	1971-72	1972-73		
<u>Total Fees Collected</u>	<u>\$163,879</u>	<u>\$171,698</u>	<u>\$174,475</u>	<u>\$2,777</u>	<u>1.6</u>
Certified copies of births	\$ 66,338	\$ 72,286	\$ 73,343	\$1,057	1.5
Certified copies of deaths	\$ 87,765	\$ 89,734	\$ 91,183	\$1,449	1.6
Removal permits deaths and Fetal deaths	\$ 9,594	\$ 9,546	\$ 9,744	\$ 198	2.1
Receipts for searches	\$ 182	\$ 132	\$ 205	\$ 73	55.3
<u>Fees waived</u>	<u>4,684</u>	<u>4,418</u>	<u>4,065</u>	<u>- 353</u>	<u>- 8.0</u>
Births	1,659	1,247	1,134	- 113	- 9.1
Deaths	3,025	3,171	2,931	- 240	- 7.6
<u>Certified Copies</u>	<u>82,449</u>	<u>85,499</u>	<u>87,743</u>	<u>2,244</u>	<u>2.6</u>
Births	35,069	37,472	38,374	902	2.4
Deaths	47,380	48,027	49,369	1,342	2.8

	<u>1970-71</u>	<u>1971-72</u>	<u>1972-73</u>	<u>Change 1972-73 from 1971-72</u>	<u>Percent change</u>
<u>Registration</u>					
Birth	14,601	12,956	11,501	- 1,455	- 11.2
Deaths	9,502	9,219	9,350	131	1.4
Fetal Deaths	165	126	131	5	4.0

The provisional estimate of population for July 1, 1972, made by the State Department of Finance, was 685,600, a decrease of 30,074 or 4.2% less than the April 1, 1970 Census figure of 715,674 and 54,716 or 7.4% less than 1960.

#### POPULATION OF SAN FRANCISCO BY ETHNIC GROUPS

<u>ETHNIC GROUP</u>	<u>7-1-72 Estimates</u>	<u>1970</u>	<u>U.S. CENSUS APRIL 1</u>	
			<u>1960</u>	<u>1950</u>
<u>TOTAL</u>	<u>685,600</u>	<u>715,674</u>	<u>740,316</u>	<u>775,357</u>
White	475,800	511,186	604,403	693,888
Nonwhite	209,800	204,488	135,913	81,469
Negro	96,900	96,078	74,383	43,502
Chinese	60,400	58,696	36,445	24,813
Filipino	26,100	24,694	12,327	Inc. in Other
Japanese	11,700	11,705	9,464	5,579
American Indian	3,100	2,900	1,068	331
Other nonwhite	11,600	10,415	2,226	7,244

#### PERCENT DISTRIBUTION

<u>TOTAL</u>	<u>100.0</u>	<u>100.0</u>	<u>100.0</u>	<u>100.0</u>
White	69.4	71.4	81.6	89.5
Nonwhite	30.6	28.6	18.4	10.5
Negro	14.1	13.4	10.1	5.6
Chinese	8.8	8.2	4.9	3.2
Filipino	3.8	3.5	1.7	-
Japanese	1.7	1.6	1.3	0.7
American Indian	0.5	0.4	0.1	-
Other Nonwhite	1.7	1.5	0.3	0.9



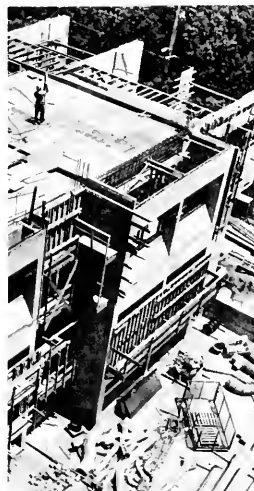
San Francisco is unique in its multi-racial and ethnic mix with more "other nonwhite" than Negro population. Ethnic group estimates for 1972 follow the trends experienced during the decade 1960 to 1970 with a decrease, 35,386 or 6.9% in the white population and an increase of 5,312 in the nonwhite groups in 1972 over 1970. Negroes gained less than 1% while Chinese had a numeric increase of 1,704, the Filipinos 1,406 and other nonwhites 1,185. Crude birth and death rates for the U.S., California and other counties for 1972 are provisional; all jurisdictions showed sharp declines in 1972 birth rates, each by more than 1/3 since 1960. San Francisco's death rate was again considerably higher than that of other jurisdictions, chiefly because of the age structure of its population.

#### BIRTH RATES PER 1,000 POPULATION

<u>Year</u>	<u>U.S.</u>	<u>Calif.</u>	<u>Alameda</u>	<u>Contra Costa</u>	<u>Marin</u>	<u>San Francisco</u>	<u>San Mateo</u>
1960	23.6	23.7	22.9	22.8	22.9	19.9	22.5
1965	19.4	19.2	18.7	18.3	17.5	16.6	18.2
1970	18.2	18.1	17.1	15.8	15.3	15.5	15.4
1971	17.3	16.3	15.5	14.1	13.9	14.5	13.8
1972	15.6	14.9	13.8	13.1	11.4	12.6	12.1

#### DEATH RATES PER 1,000 POPULATION

1960	9.5	8.6	9.3	6.3	7.2	13.3	6.5
1965	9.4	8.3	8.8	6.6	6.9	13.1	7.0
1970	9.4	8.3	8.7	6.9	7.1	12.4	7.1
1971	9.3	8.4	8.7	6.7	7.2	12.0	7.1
1972	9.4	8.3	8.7	6.7	7.5	12.3	7.1



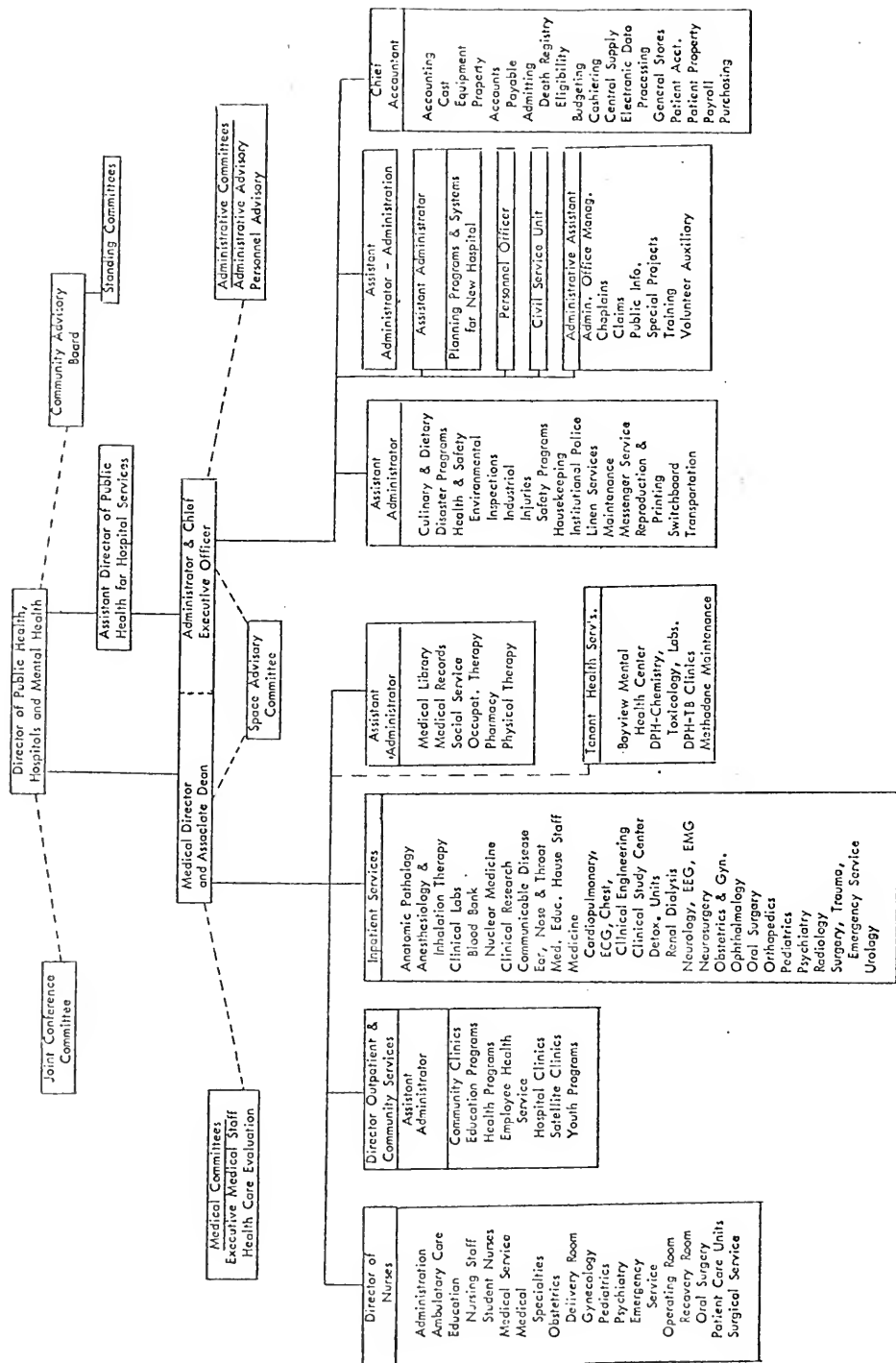
## SFGH CONSTRUCTION



of  
new  
Medi-  
cal  
Center



SAN FRANCISCO GENERAL HOSPITAL



## SAN FRANCISCO GENERAL HOSPITAL

San Francisco General Hospital is the acute medical - surgical care facility of the Department of Public Health. The physical plant, most of which was constructed in 1915, is being replaced in a major reconstruction and modernization program, scheduled for completion in 1974.

The role of San Francisco General Hospital has changed over the past ten years, from a facility caring largely for the chronically ill to one providing services for acute medical and surgical problems. Today, the hospital services reflect the ever changing needs of the community and advancements in medical care. The decrease in average length of stay is a result of improved treatment; with better care, patients are being discharged faster. The increase in outpatient visits is a result of better care and earlier release from the hospital. Many patients are now being treated on an ambulatory basis instead of being admitted to the hospital. Others are receiving follow-up services in outpatient clinics after discharge. And, Mission Emergency Hospital services have been greatly expanded and improved to meet an increasing demand for major emergency and trauma care. The new hospital will reflect these changes. It will be a community medical center whose services will be equally available and attractive to both patients and physicians. The newly appointed community advisory board will play an important role in shaping the hospital's future. This board represents the beginning of a cooperative community endeavor of the hospital professional and administrative staff and the community to develop and review plans and programs for the new community medical center.

Under a contractual agreement with the City, the University of California, San Francisco, operates an undergraduate and postgraduate medical training program, conducts research and provides the Senior Medical Staff at this hospital. In addition to teaching, the University of California physicians are responsible for supervising the care of all patients admitted to the hospital or seen in the outpatient clinics.

### EMERGENCY SERVICES AND TRAUMA CENTER

This is the City's only major trauma and emergency treatment center that is fully staffed 24 hours a day, 365 days a year. It has surgical teams and back-up services ready to function 24 hours a day. Residents and staff in specialities of general surgery, anesthesiology, neurosurgery, ortho-

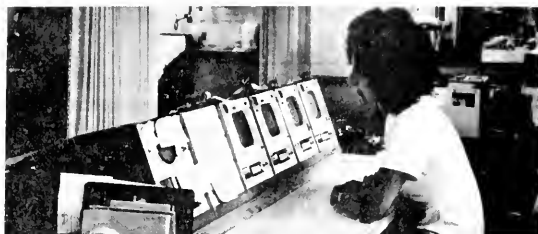
pedics, cardiology, and internal medicine are on the premises at all times. This concentration of resources has permitted rapid advances in trauma management and a high caliber of care which has received international recognition.

The new Trauma Center was dedicated on October 19, 1972. San Francisco General Hospital is one of nine medical centers in the United States and the only one on the West Coast to be selected by the National Institute of General Medical Sciences for "the study of trauma and for improving methods of care of critically ill patients." This program is supported under a grant for \$515,000 awarded by NIGMS to the University of California San Francisco School of Medicine, and San Francisco General Hospital, covering a three year period. The purpose of the Trauma Program is to advance the study of cause of death from accidents, such as shock, blood loss, lung failure and brain injury and to develop new methods of treating them and to relieve the serious shortage of professionals with expertise and interest in this specialty.

The Mission Emergency and Trauma Center has been expanded and re-organized to provide more rapid service. Using the triage concept, patients are seen in one of three services: major emergency and trauma cases go to the Trauma Center and less emergent cases are referred directly to the Emergency Walk-in Clinic or to the Out-patient clinic. In May 1973, the Emergency Walk-in Clinic was opened to handle the less emergent problems. This new service has relieved congestion and reduced waiting time for patients by making it possible to separate those who can be treated in an ambulatory setting from those who need full emergency services. The number of patients treated in the Emergency Room area has increased from 1,500 patients per month to 1,700 patients per month, as a result of the inauguration of the new walk-in service.

San Francisco General Hospital has been treating 40 - 50 major burn patients per year. These patients require critical care nursing, specialized wound care and isolation techniques. For these reasons and to take advantage of the expertise in the Trauma Center, a Burn Unit will be opened. This will be a six bed unit equipped with sophisticated monitoring devices, respirators, a hydrotherapy unit, environment control devices, and special beds. This unit will be staffed by critical care nurses specifically trained in burn care. The acute surgical management will be provided by the Trauma Center and reconstruction and rehabilitation will be provided by the Department of Plastic Surgery.

Highest quality  
care  
given  
24 hrs a day



The addition of the Burn Unit to the Trauma Center will increase the effectiveness and optimum care to the injured patient in the City.

#### CORONARY CARE UNIT

The Coronary Care Unit directs specialized nursing and physician care of patients with acute or recent myocardial infarction, arrhythmias, and other acute myocardial disorders. This program has pioneered many techniques in the diagnosis, care and treatment of cardiac conditions. Under a Regional Medical Programs grant, it has served as a teaching center for physicians who come to San Francisco from all parts of Northern California to study management and care of cardiac patients.

#### NORTHERN CALIFORNIA RENAL DIALYSIS CENTER

This state-funded program serves Northern California patients undergoing dialysis on artificial kidney machines. It includes one of two pediatric dialysis units of its kind in existence, providing treatment and consultation before and after transplantation for children with kidney failure, as well as dialysis while these patients are awaiting kidney transplant operations. It also conducts a program to train parents in home use of artificial kidney machines.

#### RESPIRATORY INTENSIVE CARE UNIT

Respiratory Intensive Care Unit is reserved for patients with tuberculosis or non-tuberculosis respiratory disorders who need careful nursing supervision and laboratory evaluation to monitor blood gasses, ventilation, and other respiratory and hemodynamic variables.

#### DETOXIFICATION UNITS

These units consisting of a twenty bed Alcohol Detoxification unit and a twelve bed Drug Unit, treat not only the medical aspects of drug and alcohol addiction, but also provide social and psychiatric treatment. These units work closely with Community Mental Health Services programs to insure follow-up treatment.

#### STROKE RESEARCH

An investigative center located at the Hospital and studying causes and prevention of strokes, is the only one of its kind on the West Coast,



supported by a National Institutes of Health grant.

### CLINICAL STUDY CENTER

One of eighty such centers at major medical institutions funded by the United States Public Health Service, the San Francisco General Hospital Clinical Study Center, operated in conjunction with the University of California, has received world-wide recognition for its work in the diagnosis and treatment of hypertension related to tumors of the adrenal gland.

### OTHER SERVICES

A fully qualified senior staff psychiatrist is available on a 24 hour day, 365 day basis to any patient in any area of the Hospital needing psychiatric help.

The Hospital has the following separate intensive care units: Medical-Surgical, Neurological, Coronary, Pulmonary, and Renal Dialysis.

Traditionally the only hospital in the City providing treatment for tuberculosis, San Francisco General Hospital, also maintains isolation wards for patients with other infectious diseases, such as hepatitis, typhoid, diphtheria, and leprosy, and for severely disturbed patients. It is also the City's only hospital treating patients under guard; to make this service more effective, a closed ward has been established with the direct cooperation of the Police and Sheriff's Departments.

### HYPERTENSION SCREENING AND TREATMENT PROGRAM

In recent years there has been an increasing interest, both locally and nationally, in the development and implementation of hypertension screening and treatment programs. It is anticipated that such a program will be developed within the next year and start initially in San Francisco General Hospital Outpatient Adult Screening Clinics, and in the two satellite clinics, South of Market and Potrero Hill. Eventually a comprehensive hypertension program will be developed for the entire community, with clinics established in District Health Centers and other locations.



Supervisors  
of  
Medical  
Social Services  
  
Institutional  
Security  
  
Pharmacy  
Billing &  
Nursing



## ELECTIVE ADMISSIONS

A special intake group was setup to arrange elective or scheduled admissions. This procedure permits better planning by the patient and his family, with a smooth transition into the in-patient routine; allows for more effective medical workups by the staff and better scheduling of Hospital facilities; and promotes efficient relationships with third-party agencies involved in payment of hospital costs.

## DEPARTMENT OF RADIOLOGY

In December, 1972 an additional diagnostic radiographic room in the emergency clinic was completed. This has reduced the waiting period for x-rays for emergency patients. In the Radiology Department itself the first of two additional rooms have been completed for patient services.

The following table outlines the diagnostic procedures done in 1972-73:

Number of patients	71,951
Number of diagnostic examinations	99,181
Number of x-ray films	334,852
Number of feet of x-ray cine film	3,005

### Location of Patient by Examination

In-Patients	29,503
Out-Patients	17,814
Emergency and Trauma Center	24,634

## DIVISION OF OUTPATIENT AND COMMUNITY SERVICES

During the past year demands for services continued to increase. In a continuing effort to provide better health care services to the community, the Division has been reorganized into functional units offering an almost complete range of primary ambulatory health care. The Office of Economic Opportunity approved the refunding of an Outpatient Improvement Grant that has made it possible to extend the services of the hospital into the

community in a number of ways, such as offering direct primary ambulatory health care services to the residents of the South of Market area through the establishment of a satellite clinic and improving the services offered at San Francisco General Hospital by providing transportation, more community involvement through the Community Board of the Grant, more community outreach through the creation of positions such as Family Health Workers. Finally, this Grant is assisting in organizing the health care delivery system by making available other new types of health care personnel such as Nurse Practitioners, Unit Managers, Clinical Pharmacist, Patient Assistants, Health Education and Training and Health Care Information.

The Family Health Center and the South of Market Health Center now assume continuing responsibility for patients who use these clinics as their primary source of health care. It is now possible to call at any-time day or night and reach a physician who can respond to the needs of the patient. This continuing responsibility is being built in as an integral part of the primary care system of the Division. A similar satellite primary care center will be established on Potrero Hill in 1974.

Plans are complete and funds are available for the construction of two new satellite clinics of approximately 6500 square feet each. One will replace the existing satellite at the Canon Kip Community House, and the other will be located on Potrero Hill. Transportation services have been increased with the addition of a van, and now serve Central City and Potrero Hill.

#### PHARMACY

This service has implemented a unit dose system to dispense narcotics and hypnotics and plans are being developed to institute an individual prescription system for all in-patient medications to the entire hospital.

The Intra-venous Additive Program is in operation. This operation utilizes three Laminar Flow Hoods which provide an atmosphere of clean air for the addition of medications to intravenous solutions. With the use of the Laminar Flow Hoods, the infectious rates for patients getting hyperalimentation has been reduced to zero. The hyperalimentation program provides about 300 units per month to all parts of the Hospital. The IV Additive Program for the medical and surgical wards provides about 3,600 units per month to these wards.

During 1972-1973, the pharmacy filled 196,471 outpatient prescriptions; which represents an increase of almost 6,500 more than 1971-1972. The following chart details the pharmacy's activities in relation to the in-patient services of the hospital:

Hospital Ward Items (net units per year)	592,000
Requisitions filled	175,000
Hypnotic & Narcotic sheets issued	49,117
Ward Checks	500
Prepackaged prescriptions	50,000
Manufacturing	5,000
Professional calls to medical staff	35,000 (approx.)

### NURSING SERVICE EDUCATION

Nursing continues to play a major and vital role in the provision of medical care at the hospital. In order to maintain a high level of nursing, continuing education of all nursing personnel is essential. This Department has educational programs ranging from teaching basic skills and principles of patient observation, assessment, priority setting, proper identification and evaluation, to specific training in intensive and current practices in such areas as cardiac monitoring, acute respiratory care, triage assessment, burn care, family practice, and problem-oriented charting. This program enables the nursing staff to stay current with new medical care and to provide the highest level of care possible.

### PERSONNEL

Employees, staff, the Volunteer Auxiliary to the Hospital and the University of California contributed to finance the publishing of an employee's news letter "SFGH News" which is edited by the Personnel Committee of the Hospital. The News Letter is helping to provide a channel for disseminating information and to promote a program to enhance Hospital services and boost employee's morale.

### BILLING OFFICE

A mini-computer was installed in the Billing and Collections Department in August, 1972. This computer makes it possible to provide itemized bills for in-patient services. The computer is also programmed to record all procedures performed by the laboratories, electrocardiogram, X-ray, and ancillary services, and will provide an accurate monthly audit of the cost of these services.



## VOLUNTEER AUXILIARY

*...members help  
patients  
in  
many ways...*

## MEDICAL EQUIPMENT REPAIR SERVICE

A Department of Clinical Engineers was established January, 1973, to provide highly skilled service for on-site maintenance of complex instruments and equipment used at the Hospital. The purpose of this was to significantly decrease the down-time of the equipment.

## VOLUNTEERS

The Volunteer Auxiliary to the San Francisco General Hospital has furnished a waiting room near the Surgical Intensive Care Unit. This project was made possible by a contribution from Ernest W. Guy, M.D., former Chief of Anesthesia at the Hospital and augmented by the Auxiliary with a contribution for the Lurline Roth and Jean Reichert funds. They also furnished a waiting alcove for Ward 86, the Obstetrics and Gynecology Clinic, and a day room for use of ambulatory patients in Ward 84, the Maternity Ward.

The Auxiliary maintains a VOLUNTEER OFFICE in the Hospital, staffed by a full-time Director of Volunteers and a part-time secretary. It provides television for the wards, paying for upkeep and repair; collects and distributes reading material; maintains an indigent patients' fund; administers special funds (The Jean Reichert Fund, the Lurline Matson Roth Fund) which provide prosthetic devices, dentures, eyeglasses and similar items for patients; assists patients not eligible for public assistance with special needs such as bus fares and other transportation costs; provides items of clothing needed for patients being discharged.

## STATISTICAL SUMMARY

During the year 1972-1973, San Francisco General Hospital admitted 16,988 patients and there were 562 live births. The average daily census was 365 patients and the average length of stay was 7.5 days, which is the lowest of all municipal hospitals, and compares favorably with the best private hospitals. There were 219,256 outpatient visits.

	<u>1961-62</u>	<u>1972-73</u>
Licensed beds	1,114	653
Average daily census	831	365
Total Admissions	19,468	16,988
Acute Medical & Surgical		
Admissions	13,813	16,042
Average length of stay	17.5 days	7.5 days
Total Outpatient Visits	146,715	219,256

TOTAL ADMISSIONS, PSYCHIATRIC ADMISSIONS AND  
GENERAL MEDICAL AND SURGICAL ADMISSIONS\* TO  
SAN FRANCISCO GENERAL HOSPITAL BY YEAR

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<u>YEAR</u>	<u>TOTAL ADMISSIONS</u>	<u>PSYCHIATRY ADMISSIONS</u>	<u>PER. CENT PSYCH. ADM.</u>	<u>GEN. M.S.* ADMISSIONS</u>
1972-73	16,988	946	5.5	16,042
1971-72	17,753	888	5	16,857
1970-71	19,058	1,757	9.2	17,301
1969-70	19,739	2,517	13.0	17,222
1968-69	19,500	3,213	16.5	16,287
1967-68	18,887	3,378	17.8	15,509
1966-67	18,409	3,781	20.5	14,628
1965-66	19,814	4,505	22.7	15,309
1964-65	20,854	5,208	24.9	15,646
1963-64	20,855	6,038	28.9	14,817
1962-63	19,423	5,530	28.4	13,893
1961-62	19,468	5,655	29.0	13,813

Source: Records San Francisco Health Department

\* Includes general medical, surgical, obstetric, gynecologic and pediatric admissions.



EMERGENCY MEDICAL SERVICES



## EMERGENCY MEDICAL SERVICES

### PURPOSE

The Emergency Medical Service provides ambulance services and emergency care for patients from the time of need, until the patient can be transferred to permanent medical care. This service is also an invaluable adjunct to other divisions of the Health Department, as well as to most other Departments in the City. It cooperates with Police and Fire Departments many times daily, with the Municipal Railway, Department of Public Works, Social Services and many other agencies.

### PROGRAM

Care is provided at four Emergency Medical Aid Stations on a 24-hour basis, with a minimum of one Doctor, one Registered Nurse, one medical Steward and one Ambulance Driver on duty twenty-four hours daily, 365 days a year. Harbor, Alemany and Park Emergency Aid Stations have the minimal staff; Central Emergency has an additional nurse from 3:00 PM to 11:00 PM, and an extra ambulance from 8:00 AM to midnight. The ambulance operating from Health Center 3 (Silver and San Bruno Avenue) is manned 16 hours daily, 7 days per week. It is so located to serve the Bayview and Hunters Point areas.

On March 27, 1972, an ambulance station was opened at Health Center 5 (24th Avenue, between Irving and Judah) to better serve the Sunset District. This station is in operation 24 hours a day.

Mission Emergency has twenty-four hour ambulance service, but all medical and nursing staff are provided by San Francisco General Hospital.

### NEW SERVICES

#### I. RADIO COMMUNICATION SYSTEMS

Phase I of the Radio-Telemetry System was completed in June. This portion of the System included construction of a new communications room, located at Central Emergency and installation of radio equipment for direct dispatch of ambulances. Two dispatch frequencies were allocated, the primary frequency being 155.220 MHZ and a backup frequency on the local government channel, 158.760 MHZ.

A direct radio link between Central Emergency Control and the Trauma Center at Mission Emergency has also been installed. This enables a Medical Steward in an ambulance, with a critically ill or injured patient, to talk directly to a physician at the Trauma Center while enroute to that facility. Additional personnel were required to adequately man the Communications Center. This operation is now covered by two Senior Medical Stewards per shift.

## 2. E.C.G. TELEMETRY SYSTEM

In conjunction with the Radio Communications System, we will be monitoring heart and suspected heart patients directly from the scene and from the ambulances. The signals will be read by a cardiologist in the Cardiac Intensive Care Unit at San Francisco General Hospital or one of the participating private hospitals.

Five Telemetry channels and two dispatch channels have been allocated to the Department of Public Health for this purpose. Central Emergency Control will coordinate use of these channels for both public and private ambulances.

Completion of this phase of the system is scheduled for early Spring 1974.

## 3. CENTER FOR VICTIMS OF SEXUAL ASSAULT

Central Emergency has, for many years been virtually the only facility for examining victims of sexual assault in San Francisco. 430 victims were seen in 1972. Public awareness and our own realization that certain aspects of care given these victims were in need of revision prompted us to relocate within Central Emergency, the area in which the examinations are performed, to give a more private and restful atmosphere. The doctors' reports have been revised to eliminate unnecessary questioning of the victim. Prophylactic drugs for venereal disease and pregnancy preventive drugs are now available to those who desire them.

## CONTINUING PROGRAMS

In September of 1971, this Bureau began participation in the federally funded Emergency Employment Act. This has enabled us to provide limited training for E.E.A. and permanent Civil Service personnel and to expand paramedical coverage to the City's three detention facilities. Operation of the Sunset Ambulance Station on a 24-hour basis would not have been possible

without the E.E.A. employees. However, the E.E.A. program is scheduled to terminate June 30, 1974. Efforts are being made to have these temporary positions classified as permanent so that we may be able to continue the services initiated under this project.

### TRAINING

An eight week training program for all Medical Stewards and Ambulance Drivers has been designed and will begin in October. Didactic instructions will be given through the San Francisco Community College, Adult Division while the practical sessions of the course will be held at San Francisco General Hospital. Training will cover all aspects of Emergency Medical Care with a degree of emphasis on pre-hospitalization coronary care. Driving under emergency situations and driver sensitivity will also be included in the Curriculum.

Physicians of this service are currently attending a 40 hour course on emergency cardiac care. A third training program for Registered Nurses is being established and should be initiated this Fall.

### EQUIPMENT

Delivery of twelve new ambulances will be completed by November, thus replacing the present fleet with these completely redesigned units. Two of the present ambulances will be retained and converted to special Trauma Vans. The ambulance and trauma vans are equipped with built-in oxygen and suction lines, sinks, portable cardioscopes and defibrillators.

In the event of a major disaster, these ambulances will be capable of functioning as mobile medical aid stations or may be stationed at the site of a disaster and used as nucleus units for triage and first aid stations.

In addition to the acquisition of new ambulances and equipment to be used in them, the Emergency Medical Aid Stations have also received Electrocardiographs, Defibrillators and Trauma Gurneys.

### OBJECTIVES

The prime objective of the Emergency Medical Service is to provide the finest quality of emergency medical care available to the citizens of San Francisco. Installation of the dispatch, radio telemetry systems, new

ambulances and attendant equipment and Emergency Medical Aid Station equipment are going far in helping us to reach our objectives. However, we could not realize our full potential without the training programs for all members of the staff.

COMPARATIVE TIME STUDY FOR AMBULANCE CALLS BY STEP FROM RECEIPT  
OF CALL TO RECEIPT OF PATIENT IN HOSPITAL FOR DEFINITIVE CARE

MARCH 1962 AND JULY 1972

	<u>MARCH 1962</u>	<u>JULY 1972</u>
AMBULANCE LEFT STATION AFTER CALL RECEIVED	2.0 Minutes	1.0 Minutes
TIME CALL RECEIVED TO ARRIVAL AT PLACE OF CALL	9.0 Minutes	6.6 Minutes
TIME SPENT AT PLACE OF CALL	7.5 Minutes	7.6 Minutes
TIME FROM PLACE OF CALL TO ARRIVAL AT HOSPITAL	10.3 Minutes	7.8 Minutes
AVERAGE LAPSE TIME FROM CALL FOR AMBULANCE TO ARRIVAL AT HOSPITAL	28.8 Minutes	23.0 Minutes

NOTE: 4.8% OF PATIENTS WERE DIAGNOSED AS HAVING CARDIOVASCULAR DISEASE  
2.5% OF PATIENTS WERE DIAGNOSED AS HAVING CORONARY HEART DISEASE OR  
MYOCARDIAL INFARCTION

DEPARTMENT OF PUBLIC HEALTH

S.F. EMERGENCY MEDICAL SERVICE REPORT

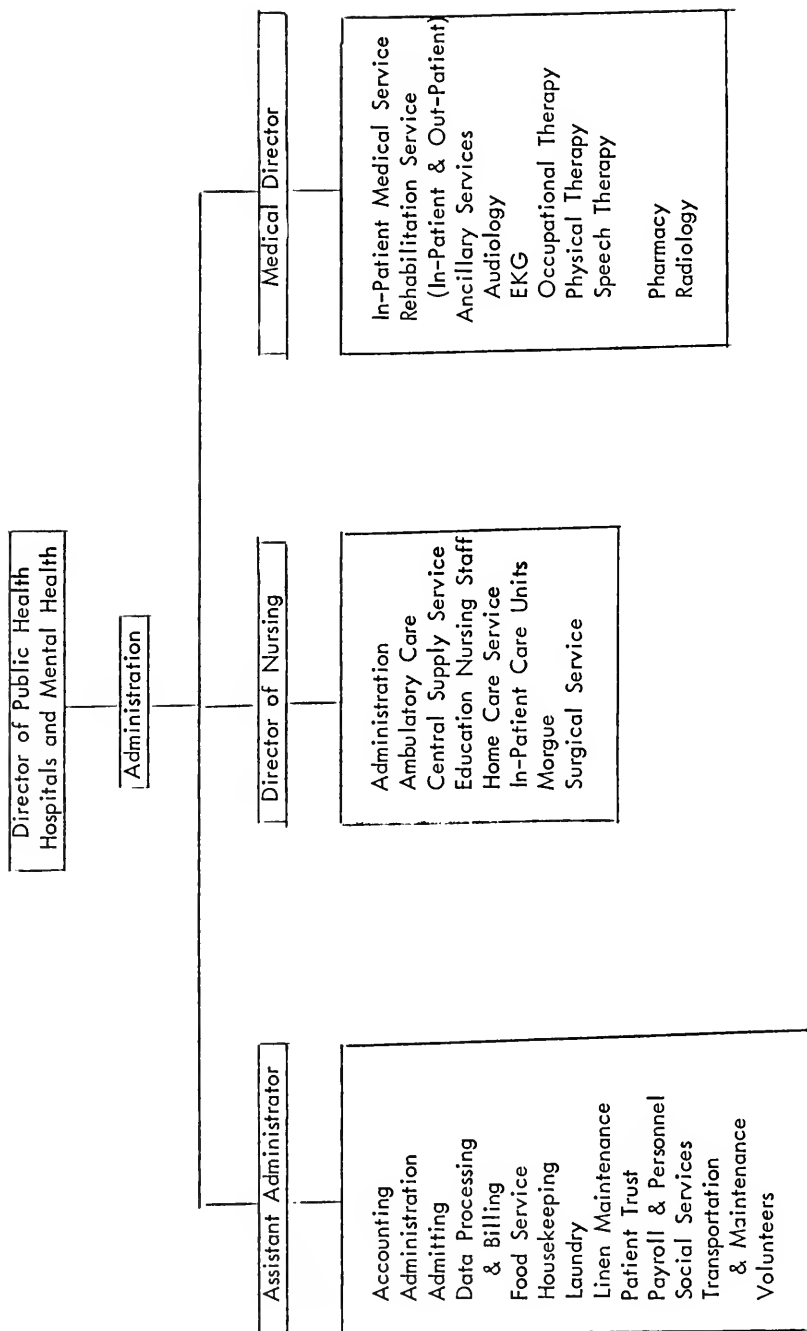
FISCAL - JULY 1, 1972 -- JUNE 30, 1973

	ADMISSIONS		TOTAL	DISPOSITION OF CASES						AMBULANCE CALLS		
	Surgical Cases	Medical Cases		Discharged	Other Hospitals	To SFGH	To Coroner	To Private Mortuary	TOTAL	Emergency	Transfer	TOTAL
CENTRAL	10,591	5,656	16,247	13,814	1,075	1,300	56	2	16,247	9,918	3,309	13,257
58 HARBOR	5,304	2,099	7,403	6,150	754	429	57	14	7,403	5,267	644	5,911
ALEANY	11,646	2,739	14,385	12,832	1,016	503	30	4	14,385	3,775	543	4,318
PARK	9,075	2,131	11,206	9,694	1,041	424	40	0	11,206	3,697	664	4,361
MISSION	37,129	32,665	69,794	55,741	4	13,957	90	2	69,794	5,283	739	6,022
RAYVIEW										3,445	870	4,315
SUNSET										3,147	981	4,128
TOTALS:	73,745	45,250	119,035	98,231	3,889	16,612	273	35	119,035	34,532	7,750	42,282



LAGUNA HONDA HOSPITAL

# LAGUNA HONDA ADMINISTRATIVE ORGANIZATION



## LAGUNA HONDA HOSPITAL

Laguna Honda Hospital was established as "Laguna Honda Home" on March 10, 1866 as an ambulatory residence to care for the homeless and unemployed men of San Francisco. In March, 1973 the hospital had completed over 107 years of dedicated service to the citizens of San Francisco, specializing in internal medicine, physical medicine and rehabilitation.

With 1776 licensed beds, Laguna Honda is the second largest county hospital in California and is an important segment of the hospital system of the City and County of San Francisco. Bond issues in the late 1920's financed the construction of the present hospital buildings. They were completely modernized in the late 1950's.

Since its establishment, Laguna Honda has experienced a gradual functional change from an ambulatory residence to a hospital for the chronically ill. In 1867 an infirmary was added and in 1908 a hospital section to care for the chronically ill was started. A pulmonary care center was founded in 1967 to care for chronic pulmonary and respiratory disorders.

The Federal Medicare and State Medi-Cal programs have also played an important part in the functional change through the Patient Utilization Review Committee. This committee reviews the patient status, recommends treatment, and decides on further hospitalization or discharge. As a result, the patients who remain at Laguna Honda are those requiring above average to heavy nursing care, therapy, drugs, x-ray work, laboratory work and special diets. These patients require much more care than did prior year patients.

In early 1973, Laguna Honda was granted certification as an outpatient treatment center for occupational therapy, physical therapy and speech therapy. The first outpatient was treated in May. Future growth in this department is planned with additional outpatient medical services being provided.

Laguna Honda also hopes to expand and increase its basic bedside nursing care by providing more bathing teams, by varying refreshments and by providing additional recreational facilities within and away from the hospital.

During the past fiscal year Laguna Honda Hospital was again able to render a high quality of medical and nursing care to its patients. This service has been recognized and acknowledged in all Grand Jury reports and by patients and patients' relatives and friends.

Financially, the hospital has been able to finance most of its medical program with federal and state money. Laguna Honda has been accredited by the Joint Commission on Accreditation of Hospitals since April 4, 1966 and will be reviewed for reaccreditation in September, 1973. New fire doors have been installed to meet accreditation standards and we anticipate no problems in receiving reaccreditation.

#### ADMISSIONS ANALYSIS

<u>Service</u>	<u>1968-69</u>	<u>1969-70</u>	<u>1970-71</u>	<u>1971-72</u>	<u>1972-73</u>	<u>% of 1972-73 Admission</u>
Hospital	1,011	1,005	923	1,002	898	46
Modified Hospital	8	5	6	7	5	--
Hospital - Rehabilitation	564	381	311	298	395	20
Convalescent Care Unit (Community Mental Health)	<u>N/A</u>	<u>260*</u>	<u>687</u>	<u>882</u>	<u>666</u>	<u>34</u>
TOTAL	1,583	1,651	1,927	2,189	1,964	100

\* The Convalescent Care Unit had only four months of services in 1969-70.

Admissions to Laguna Honda Hospital have increased 24% from the fiscal year 1968-69 to the present. For the first four years there was an admissions increase of 606 or 38.2%. In the year 1972-73 admissions decreased by 225 or a one year decrease of 10.27%. It should be noted that the largest percentage of 1972-73 admissions (46%) is to the Hospital service, a heavy nursing care unit. Admissions to the Rehabilitation service (ambulatory patients) show a downward trend for the period 1968-72 and a slight increase for the year 1972-73. Laguna Honda Hospital is beginning an Outpatient Rehabilitation service as required by State regulation. Inpatient Rehabilitation wards were combined as of March, 1973.

### DISCHARGES

There was a slight increase in discharges (including deaths) for the fiscal year 1972-73 (2,011 as compared to 1,892 for the previous year, or an increase of 6.28%).

### PATIENT DAY ANALYSIS

<u>Service</u>	<u>Normal Bed Capacity</u>	<u>Patient Days</u> <u>1971-72</u>	<u>1973-73</u>	<u>Day Increase or Decrease*</u>	<u>% Increase or Decrease*</u>
Hospital	933	297,570	303,835	6,265	2.10
Modified Hospital	466	122,423	98,637	23,786*	19.43
Hospital - Rehabilitation	69	14,102	16,571	2,469	17.51
SUB-TOTAL	<u>1,468</u>	<u>434,095</u>	<u>419,043</u>	<u>15,052</u>	<u>3.47*</u>
Convalescent Care Unit	45	11,374	12,601	1,227	10.78
TOTAL	1,513	445,469	431,644	13,825*	3.20*

### BED UTILIZATION

<u>Service</u>	<u>Percentage of Occupancy</u>	
	<u>1971-72</u>	<u>1972-73</u>
Hospital	92	89
Modified Hospital	61	58
Hospital - Rehabilitation	56	66
Convalescent Care Unit	<u>69</u>	<u>77</u>
TOTAL HOSPITAL	<u>81</u>	<u>78</u>
Average Daily Census	<u>1,220</u>	<u>1,183</u>

The recognized national percentage of bed occupancy is 80% and Laguna Honda Hospital's average this fiscal year is 78%. The Bed Utilization analysis shows an 89% bed occupancy for the Hospital service.

The Admissions, Discharges, and Patient Day analyses shows a decrease in activity. These analyses all indicate that the greatest activity has been in the Hospital service (heavy nursing care). It should be pointed out that even with the slight decrease in admissions, the patient days have only a modest decrease which indicates a superior bed utilization.

### SPEECH AND HEARING CLINIC

The Speech and Hearing Clinic's caseload averages twenty-five patients per week. Duties consist of speech therapy, audiometric testing, and arranging for hearing aid evaluation through an independent dealer.

During the past year, the speech pathologist, together with the occupational and physical therapists have inaugurated a Brain Trauma Program. This program allows comatose and disoriented patients to be stimulated and given therapy sooner than they otherwise would be able to tolerate or cooperate with the regular therapy programs.

Speech pathology is among those services newly authorized for payment by Medicare when the services are provided within the hospital. The Laguna Honda Hospital Rehabilitation Unit was recently designated a certified outpatient clinic for MediCal and Medicare services. This presents the potential for additional revenue for the Rehabilitation Unit and service to more patients.

### PHARMACY

The Pharmacy is the most extensively used therapeutic facility of the Hospital. It supplies the Hospital with drugs, solutions, prescriptions and drug sundries from an adequate and varied inventory. The Pharmacy turns its inventory over at least six times per year and has enough drugs to last at least forty days. This large turnover of stock keeps the inventory at a lost cost, reduces spoilage and obsolescence and saves valued storage space.

The Pharmacy maintains a continuing program of regular ward checks and a unit dosage system for dispensing narcotics and hypnotics. By visiting the wards and checking their pharmaceutical inventories, the Pharmacy has kept the ward inventories at a minimum with all the ensuing advantages.

In the past year the Pharmacy worked with Data Processing to establish a method to code and price a Pharmacy Drug List. Eventually, this list will be used in the Hospital Formulary. In the meantime the Pharmacy is preparing a new formulary for the Hospital. As in the past years, the Pharmacy has continued returning old and outdated drugs and drugs not in current use for credit. The Pharmacy also worked with the Nursing office recently in revising some of their procedures that concern the Pharmacy and Nursing.

#### PHARMACY ACTIVITIES FOR THE YEAR 1972-1973

Hospital Inpatient Prescriptions Filled	2,640
Pass Prescriptions Filled	2,142
Hospital Stock Medications	118,800
Hypnotic and Narcotics sheets issued	3,133
Requisitions filled for other departments	388
Alcoholic Rehabilitation Center	5,544
Ward Checks	94

#### PHYSICAL THERAPY

The Physical Therapy Department at Laguna Honda Hospital is an active participant in providing a health service for the public. As drugs and surgery make it possible for people to live longer, physical therapy becomes more important in making their lives more active and enjoyable.

Physical therapists treat patients of all ages who have disabilities resulting from disease, accidents or birth injuries. Following the prescriptions of a physician, exercises and physical agents such as water, heat, electricity, sound or light are used for the benefit of the patient.

Physical therapy can help the patient improve circulation, strengthen muscles, restore motion, correct deformities, relieve pain, speed recovery and shorten time in the hospital. These treatments can help restore physical and economic independence.

During the past year, the Physical Therapy, Occupational Therapy and Speech Therapy Departments have instituted a Brain Trauma Program (BTP) to treat patients who are in a coma or semi-coma condition. The emphasis of this program is to use various stimuli to evoke responses from the patient. This program is operated on a separate schedule from the regular department programs. It is a unique program, in that the therapists from the various

departments are working together in the same area giving the patients the maximum benefit of their special skills.

The Physical Therapy Department is now treating outpatients from the community. The outpatient program makes it possible for patients to be discharged from the hospital earlier. It is also possible to follow the patients more closely and to prevent problems from developing that may cause the patient to be hospitalized again.

The department has an ongoing in-service training program which is coordinated with the other departments of the Hospital. These programs include: grand rounds, special lectures, films, demonstrations, and student training.

During the past fiscal year the department rendered 51,150 units of service (one unit is equivalent to 15 minutes).

The department has also been cooperating with the Laguna Honda Volunteers in an effort to educate the general public to the health services that are available at this hospital. We feel that there is still a large segment in our community which views this facility in its old role as an old age home. This impression should be corrected.

#### DATA PROCESSING AND BILLING

The Data Processing Department's function is to gather and encode all patient data for computerized billing. A set of bills is produced monthly and transmitted to the billing department for final processing.

Laguna Honda has a contractual agreement with the National Cash Register Company for computer and programming services. Close liaison is maintained between the Data Processing Department and NCR for the monthly production of our Medi-Cal bills and related revenue reports.

The department's supervisor and the NCR staff of programmers are constantly engaged in upgrading and improving our technically-sound billing system to comply with the ever-changing state regulations and billing requirements.

The billing department receives the Medi-Cal bills produced by the Data Processing Department, reviews them for accuracy, attaches all necessary documents and submits them for payment.



This Department is responsible for the production of Medicare and Private Pay billing, not currently under Data Processing production. In addition, the personnel of this department perform accounts receivable duties in conjunction with patient accounting

### RADIOLOGY

During the last fiscal year, the Department of Public Works started to completely remodel the X-ray suite. Lighting as well as additional support structures for an overhead tube bridge are being installed. Laguna Honda Hospital has also contracted with the General Electric Company to install, on a lease basis, a new X-ray generator, a new Monitro X-ray table, a new overhead tube and a new image intensifier.

The remodelling of the X-ray suite and updating of our equipment will provide our patients with the latest in diagnostic services and will provide greatly increased services that were not previously available at the Hospital. This will decrease the number of patients who must be sent to San Francisco General Hospital and to other facilities for diagnostic services. The work accomplished by the department is summarized on the following page.

### RADIOLOGY DEPARTMENT

#### NUMBER OF RADIOGRAMS FOR 1972-73

Total for the year 1972-73 .....	4,617
Total number of Radiograms for the year 1971-72 .....	4,925
Average per month for the year 1972-73 .....	384.75
Average per month for the year 1971-72 .....	411.25
Average per month for the year 1970-71 .....	435.5
Average per month for the year 1969-70 .....	406
Average per month for the year 1968-69 .....	356



## OCCUPATIONAL THERAPY



### DISTRIBUTION OF PATIENTS RADIOGRAPHED:

<u>Examination</u>	<u>Hospital</u>	<u>Mod. Hospital</u>	<u>Rehab.</u>	<u>Alch. Rehab.</u>	<u>Totals</u>
Chest	1,311	254	353	262	2,180
Extremities	318	60	423	21	822
Hip and Pelvis	192	19	155	1	367
Skull	104	5	66	7	182
Spine	71	11	75	7	164
Abdomen	83	--	9	-	92
G.I. Tract	155	52	36	3	246
Radio-Opaques	107	14	61	-	182
All Others	29	2	5	2	38
Totals	2,370	417	1,183	303	4,273
Units	14,060	2,420	6,975	1,336	24,791

### OCCUPATIONAL THERAPY

Occupational Therapy is a program of selected activity, used as treatment under the direction of a physician. It is an integral part of the rehabilitation program, and the department is a well-equipped therapeutic unit. There is a general clinic area for exercises, plus a wing with a complete kitchen, bedroom, living room and an adapted bathroom for self-care training.

Therapeutic programs are planned and applied by therapists on assigned patients with the goal of complete rehabilitation and discharge back to the community. The department's main function is the evaluation and treatment of patients as prescribed by the physician. The objectives of the department are:

1. Restoration of physical function, increase of strength and range of motion through exercises, utilizing a variety of modalities, sometimes with crafts.
2. Independence in dressing, personal grooming, feeding, and transfer activities --- activities in daily living.



...Good Food  
Contributes  
to Good Health



3. Independence in housekeeping and homemaking in preparation for discharge home.
4. Prevocational evaluation for potential vocational training by other services.

In the last fiscal year, a new program was started, the Brain Trauma Program. The program is staffed with members of all therapies, and they work with comatose, brain injured patients. An Outpatient Department was also started.

Treatment rendered last year totaled 48,170 units (one unit is equivalent to 15 minutes).

#### MEDICAL DEPARTMENT

The Medical Department is under the supervision of the Medical Director and includes the medical staff, rehabilitation center, diagnostic and testing departments and medical records. A wide range of medical services is offered, and minor surgical procedures are performed at the Hospital.

Patients with chronic diseases are admitted from San Francisco General Hospital, private hospitals, and from the community at large after medical review by our staff as to need for our services.

#### FOOD SERVICES

The Patients' Menu exceeds all dietary requirements in nutrition, variety, and quality set by the Federal, State, American Medical Association, American Hospital Association and City authorities.

The Food Services at Laguna Honda Hospital primary objective is to continue to provide highest standard patient meals. Other institutions of this type have studied our operation as an example of achievement in nutritional excellence, high quality food, efficient production methods, portion control and low food and labor costs.

Visitors from the community and other organizations are shown through the various Food Service preparation areas on guided tours periodically.

In addition to the three meals per day, we are now serving the patients two nourishments. During the past year, we have instituted the production and distribution of assorted homemade quality cookies which are served at 8:00 PM with hot chocolate or milk as evening nourishment to all patients. Our bakery produces 10,000 cookies per week, plus all homemade breads, cakes, pies and jello, for Laguna Honda Hospital patients and staff dining room. Recently, we began serving assorted fruit juices daily at 2:00 PM to all patients as an added nourishment. Both of these programs have received compliments and praise from the patients, medical staff and the Administration. Our daily production is 4,500 meals per day.

We have completed the elimination of sectional metal trays in all wards and instituted colorful plastic trays with attractive china plates for the service of all patients' food.

Special diets have been increasing steadily in variety and number. Discussions are held with other department heads, and their cooperation has been excellent. Since installation of the ice machine, assorted cold beverages are served.

### PATHOLOGY

The Pathology Department consists of an autopsy room, laboratory and morgue. It is staffed by a tissue technician, part-time pathologist and a morgue attendant.

### HOUSEKEEPING

Housekeeping and linen maintenance are the most important functions of the Housekeeping Department. The routine housekeeping duties are keeping all enclosed areas clean (707,352 square feet), conserving of heat and electricity, promoting safety measures by observing and reporting dangerous conditions, cleaning windows and collecting and disposing of garbage.

The special functions of the Housekeeping Department are transporting equipment, setting up for assemblies, assembling and delivering new furniture, providing and maintaining a key system for the institution and performing other duties as assigned.

### LAUNDRY

The control and circulation of linen is also an important function of the

Housekeeping Department. Adequate supplies of clean linen must be maintained at all times throughout the Hospital. To do this, new linen must be requisitioned, damaged linen withdrawn and repaired, soiled linen constantly picked up, and clean linen delivered.

### SECURITY DEPARTMENT

The security forces as part of the department is responsible for the safety of the Hospital's patients and employees. They are also the guardians of all Hospital property and control and regulate traffic on the Hospital grounds.

### MEDICAL RECORDS

The Medical Records Department has the responsibility for processing patients' medical records, gathering statistics, and preparing statistical reports, which includes an annual fiscal report. The department provides information from the medical histories to hospital personnel and outside agencies.

The Medical Record Librarians maintain a disease index and participate in monthly meetings of the Records, Tissue and Utilization Committee.

### PSYCHOLOGY

The work of the Psychology Department consists of diagnostic evaluations, vocational counselling, prognoses, and referral for psychotherapy or mental hospitalization.

Staff conferences, in-service training, remedial educational programs, liaison with community agencies, and occasional emergency outpatient follow-up are also available. Psychotherapy is furnished to patients with serious depression. Major therapeutic emphasis is directed toward motivating traumatized patients to assume increasing responsibility in order to realize their potential.

### DENTAL CLINIC

The Dental Department consists of dental clinic, a laboratory and a waiting room. The clinic is well equipped and well supplied. The function of this department is to examine all patients, provide care to preserve the

patients' health, correct pathological conditions of the mouth which include prosthetic repairs, perform operative dentistry and necessary x-rays. Extensive cancer detection tests are given to all newly admitted patients.

### NURSING

The largest department of the Hospital is the Nursing Department. The quality of bedside care continues to be outstanding. The Nursing Department is continuing its program of passive range-of-motion exercises, walking the patients two or three times daily and bowel and bladder training.

The Patient Care Committee has been successful during the past year. Additional new equipment acquired during the last year has improved patient care and employee morale.

### PERSONNEL

The past year was extremely active in personnel matters at the Hospital. Changes in Civil Service Commission policy regarding types of certification resulted in an increase of permanent employees. The replacement of temporary personnel with permanent employees was accomplished with a minimum of loss of service.

Union activity also increased. A large number of employee grievances were resolved by staff counselling and use of the grievance procedure. An interpretation of the Memorandum of Understanding was resolved by arbitration. Some members of the Hospital staff participated in a seminar on labor relations presented by Golden Gate College.

### VOLUNTEERS

Volunteer hours for the year 1972 were 36,416; this was close to 3,000 hours more than in 1971. Twelve hundred thank you notes were written for Christmas gifts. Confirmation notices and thank you letters for all entertainment and recreation and all necessary business letters were prepared and sent by volunteers.

All patients entering Laguna Honda Hospital are visited and welcomed by a trained volunteer. Hospital procedures are explained, and the patient is informed of the many activities available.



Approximately 200 patients a day are instructed in various crafts; this includes dressmaking, art, weaving, leather work, ceramics, etc. Each Tuesday a course is given in Copper Enameling Craft, and, in addition, five days each week Volunteers go through the wards giving leather-craft instructions to patients who are unable to come to classes.

The Clothing Department is opened Monday through Friday and is staffed by Volunteers. The articles of clothing given to men in 1972 totals 2,680. The articles of clothing given to women in 1972 totals 1,442.

The Beauty Salon is opened Monday through Friday in the Volunteers Quarters. All work is done by volunteers. For the second year Mister Lee and his staff came to Laguna Honda Hospital and beautified one hundred and fifty-nine patients for Mother's Day.

Two mobile carts are taken out Monday through Friday with magazines and books to the hospital wards. In 1972, 5,955 books and 5,915 magazines were distributed to patients.

Religious services are held for Catholic, Lutheran, Council of Churches, Christian Science and Jewish Faiths. Volunteers take wheelchair patients to services and also see that religious reading material is available.

The Little Theatre Group, composed mostly of wheelchair patients is under the direction of volunteers who help with the script, music and making of costumes and scenery. Productions are given at Laguna Honda and also out in the community. This is tremendous therapy for the patients and also good public relations for Laguna Honda.

The Senior Citizens Club is under the direction of volunteers. Each month a bus is chartered for a trip for the Senior Citizens to points of interest in the Bay Area. The Senior Citizens also give a ward party at Laguna Honda each month.

The Pizza Cart, an attractive, colorful, unique little rolling restaurant goes to the recreational area once a week to serve pizza and apple beer.

The Game Cart goes through the wards once a week. Volunteers distribute indoor and outdoor games for the patients' pleasure.

The Community Service Corps, made up of patients who do volunteer work for the outside community, donated a total of 1,449 hours for the year 1972.

They worked for Easter Seal, Red Cross, Deaf Center, California League for the Handicapped, Leukemia Society, American Cancer Society and Helpers for the Mentally Retarded. This program has been excellent therapy for our patients. By helping the Community, they help themselves. We are proud of our C.S.C. volunteers; they have contributed much to the community.

A tour of the interesting areas of the Hospital is given the first Tuesday of each month. We were extremely pleased with our hospital tours for 1972. From January through November we proudly showed the hospital to one hundred and seventy-six people. This figure does not include the special tours given to groups of nursing students, colleges, church groups, organizations, etc. These tours are most successful; they do much to improve public relations and increase good will toward the Hospital.

Our recreation and entertainment for 1972 was outstanding. There were four bingo games each week. Prizes for the games are furnished by the volunteer office. In addition, there was a ward bingo each month. Every Tuesday and Wednesday we had a ward party. Several organizations came once a month and gave luncheons and parties for the patients. There were also specially scheduled ward parties and outings on Mother's Day, Easter, Thanksgiving and Christmas.

During baseball season a bus was hired and volunteers took patients to the baseball game once a month. In addition to baseball games there were two trips to Allied Arts in Menlo Park, a picnic in Golden Gate Park, and a trip to the Ice Follies. In December four Greyhound buses were filled with patients, and our volunteers took them on a tour of San Francisco's Christmas Lights.

Our entertainment program for 1972 was exceptional. We had movies every Monday and Friday evenings. During the year we had a wide variety of entertainment. Each month we had a Concert, Rock Group and Strolling Musicians. We had live entertainment on Saturday evenings and Sunday afternoons; this included plays, variety shows, individual performers, groups that entertain and have audience participation and choral groups.

December at Laguna Honda was spectacular. The Hospital was beautifully decorated by volunteers, and there was caroling scheduled in every ward. There were many special parties and shows, including the Big Christmas Show, featuring Bing Crosby and his family, Rudy Vallee, Arthur Duncan and many other stars, to climax a beautiful year for the patients at Laguna Honda.

## OVERALL WORK OF AUXILIARY

The volunteers refurnished and redecorated the Beauty Salon and Solaria in the Volunteers Quarters.

Nine hundred dollars (\$900.00) was spent for decorations and furnishings for the hospital wards. Recreation activities and equipment amounted to approximately \$1,000, and \$1,200 was spent for supplies and material for the craft classes. Ice cream, cigarettes and candy purchased for the patients amounted to \$5,284.59 and \$2,337.00 was spent on new clothing and cleaning for the patients' clothing shop.

At Christmas time, \$4,421.29 was spent in purchasing both men and women's sweaters, slippers, bathrobes, dusters and underwear for the patients.

Four portable T.V.'s were delivered to the nursing office for the wards, and a stereo was put in the Volunteer Lounge for the pleasure of the patients at luncheons, meetings, etc.

## CLINICAL LABORATORY

The laboratory staff consists of one Chief Laboratory Technician, one orderly and four technicians. The four technicians are physically located at San Francisco General Hospital Clinical Laboratories.

The majority of the lab work is now performed at San Francisco General Hospital. Emergency tests, blood cultures and certain routine tests are performed at Laguna Honda Hospital.

The Laboratory is still continuing its program of conducting annual laboratory workups for each patient including blood tests, urinalyses, etc.

## SOCIAL SERVICE

The Social Service Department is staffed by fourteen Social Workers and thirteen clerical personnel.

The 2910 Social Workers (acting as Case Aides) work in teams with the Medical Social Workers in helping the patient make proper disposition of real and personal property and in determining factors relative to eligibility for continued care in Laguna Honda Hospital. With the change in medical character of patients now coming to us, most are admitted without a full

eligibility work-up. Therefore this information must be ascertained here before any billing can be done under the California Medical Assistance program and/or Medicare.

The Medical Social Workers interview patients and/or relatives to help them find a satisfactory solution or adjustment to interrelated physical, social, emotional, and economic problems. The significance of these factors in relation to the patient's illness, treatment, and speed of recovery is important to the "patient-care team".

Case records are maintained which include social data pertinent to the patient's care, regular progress notes, and related correspondence. Case conferences are held with medical and para-medical staff and community agencies pertaining to continued inpatient care or discharging of the patient to his home or another facility (nursing home, boarding home, residential hotel, etc.), and arrangements are made accordingly including followup medical care, nursing/attendant care, and homemaker services.

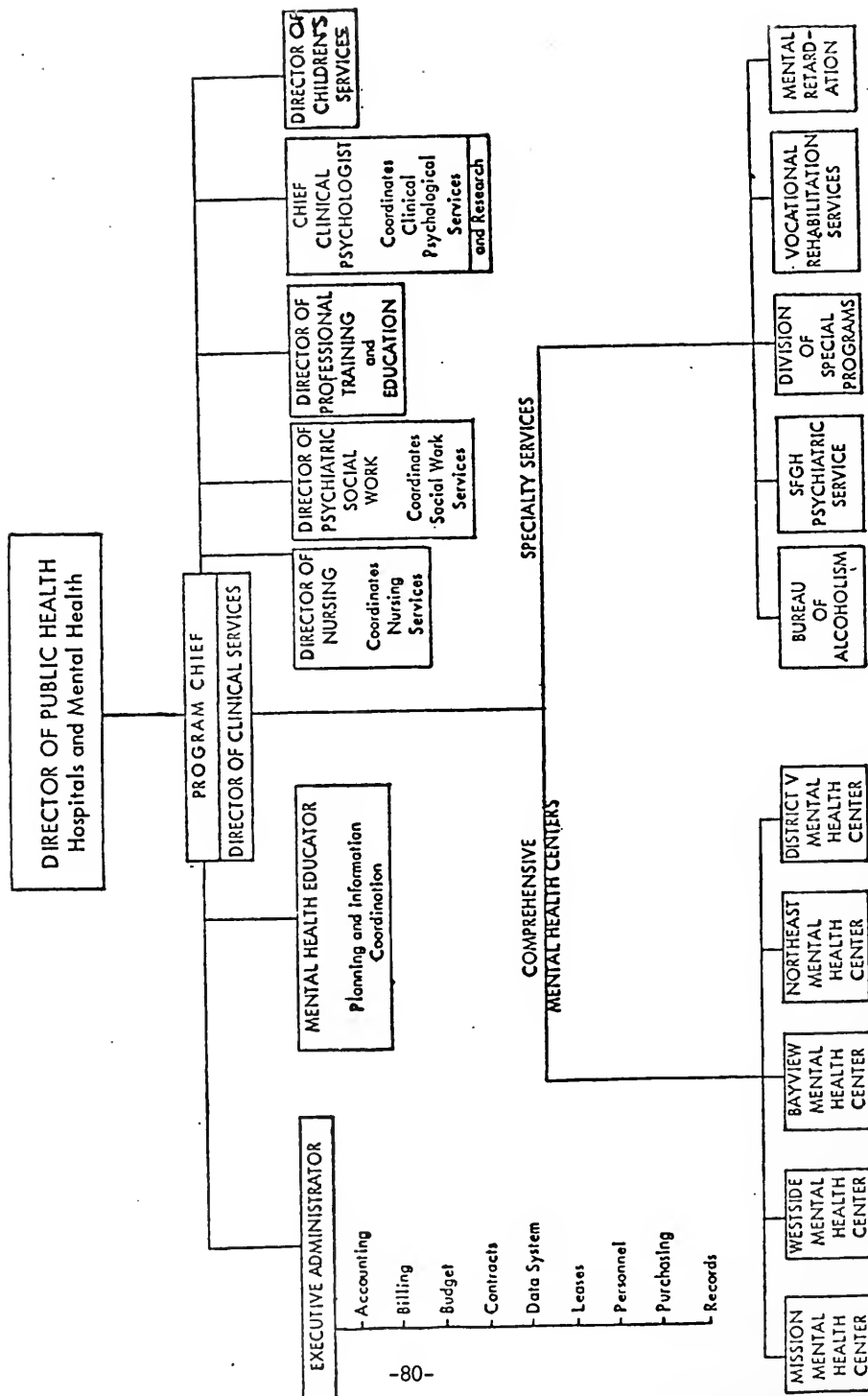
All the social workers, particularly supervisory personnel, have the responsibility of interpreting to the patients, and staff, the legal provisions, rules, and regulations of the Medical Assistance programs as well as the various aspects of social services provided in the Hospital.

The Department's clerical staff submits each month approximately 1,600 requests for prior authorization of care, receives and checks 1,200 Medi-Cal identification cards, types admission, follow-up, and discharge summaries, prepares forms for nursing home transfer, Medi-Cal and Social Security referrals, and processes Notices of Action (Medi-Cal approval or denial), and Medicare certification and utilization review.

In addition, we consult with patients and/or families of patients who have been referred for admission, advise and interpret for them the rules, regulations, and services of the facility, and assist them with plans for admission or an alternative placement.

## COMMUNITY MENTAL HEALTH SERVICES

# COMMUNITY MENTAL HEALTH SERVICES



## COMMUNITY MENTAL HEALTH SERVICES

### OVERVIEW

Community Mental Health Services is a branch of the Department of Public Health. The services are administered by the Community Mental Health Services Program Chief who is responsible to the Director of Public Health, i.e., the Local Director of Mental Health. The purpose of Community Mental Health Services is to provide comprehensive local mental health services for residents of San Francisco. This goal is approached on several fronts: programs are offered in convenient locations within each catchment area; few patients are sent to State hospitals; treatment focuses on crisis intervention techniques; and finally, consultation and education activities promote prevention and early identification of the mentally disordered.

The Community Mental Health Services are decentralized into five geographic catchment areas. Certain services which can be provided more adequately on a city-wide basis than by catchment area are provided through a number of speciality services units in the Community Mental Health Services. These specialty services include the Bureau of Alcoholism, which provides a range of services related to the treatment of alcoholism; the Division of Special Programs, which provides services in the area of drug abuse, sexuality, criminality and other special problems; the Mental Retardation Unit; the Vocational Rehabilitation Services; and the Psychiatric Emergency Services at San Francisco General Hospital.

The other major portion of the Community Mental Health Services system consists of the contractual services in private agencies which are a vital component of comprehensive care within the Community Mental Health Services system. The use of contracts makes it possible to provide a rich blend of unduplicated public and private mental health services for the people of San Francisco. Several contracts provide for services on a city-wide basis, while others provide essential mental health services to persons who reside within specific catchment areas. In addition, Community Mental Health Services contracts with two of the existing community mental health centers, i.e., Westside Community Mental Health Center, Inc., and Northeast Community Mental Health Services, Inc.

## SUMMARY

In 1970-71 the Community Mental Health Services' system of decentralized comprehensive community mental health centers in all areas of San Francisco was established. This development brought great changes, particularly in the early treatment of people at home with a consequent reduction in the need for State hospitalization. Then in 1971-72 a large scale planning effort involving citizens and agencies from every district in San Francisco was launched. The planning centered around mental health problem areas concerned with children and youth, the aged, drug abusers, chronically sick and handicapped and the alcoholic. This effort resulted in a new mental health plan linking decentralized, comprehensive county-operated services and privately operated services with multiple local, federal, and state funding sources and project grants.

With the major planning job completed, the overall thrust of Community Mental Health Services efforts in 1972-73 has been:

1. The implementation of the basic program changes introduced in the 1972-73 revised County Plan, and
2. The development of mechanisms for assurance of the quality of the programs within our system. These mechanisms include:
  - a. Organizing continuity of patient care between the many elements of the total Community Mental Health Services system including the State hospital program.
  - b. Collaboration by means of joint program development with other major social institutions affecting the mentally ill such as the Department of Social Services, the criminal justice system, San Francisco Unified School District, the Golden Gate Regional Center, mental health training programs and board and care homes.
  - c. Computerized data, fiscal, and billing mechanisms.
  - d. Fiscal and program monitoring of contract facilities.
  - e. Internal audit and clinical review mechanisms.



- f. Strengthening of ability for county review of program quality and acceptability.

Throughout the year efforts have been under way to develop and with the various citizen advisory boards and committees at the neighborhood as well as the county level, bringing them into the review process.

## MENTAL HEALTH CENTERS

### MISSION MENTAL HEALTH CENTER

The Mission Mental Health Center has developed a network of three geographically oriented teams, each serving a portion of the catchment area.

Each of these teams provides intake, outpatient services, consultation and education. Also, the teams are advised by a citizen advisory board consisting of members of the neighborhoods and community organizations served by that team. The inpatient hospitalization, 24-hour emergency services and other specialty services are being provided for the district as a whole. One major development was the relocation of the inpatient and emergency services from San Francisco General Hospital to Mission Terrace Hospital under contract with the City.

Another significant event was the receipt by Mission Mental Health Center of a National Institute of Mental Health Growth Grant for approximately \$600,000 yearly. This grant is being used to expand services in the areas of children's services, the recruitment, training and use of indigenous community mental health workers, and the development of mental health information and education programs. Among the services provided to children are brief, crisis-oriented therapy, day-care programs, and direct counseling and consultation services in the schools. The primary locations from which the above services are offered are the three satellite clinics serving the Mission catchment (2940 - 16th Street, 3850 - 17th Street, and 1245 - 22nd Street).

An extended care program for chronic and geriatric patients will be implemented in the near future.

### WESTSIDE COMMUNITY MENTAL HEALTH CENTER, INC.

Westside Community Mental Health Center, Inc., a private non-profit consortium of mental health agencies and organizations under contract with Community Mental Health Services, delivers a full range of mental health services to residents of that catchment area. Care is provided in a multiplicity of settings throughout the Westside district. Currently, Westside is in the process of augmenting programs in the areas of: drug treatment, particularly drug abuse prevention services for youth in the Japanese and Black communities, a special satellite methadone program for the Haight-Ashbury district; initiation of legal services for youth and adults; alternatives to hospitalization including development of half-way houses and group living arrangements for long-term chronic patients previously treated at the State hospital; expansion of geriatric screening and crisis intervention teams as well as other specialized senior citizen services; expansion of transportation system to serve the aftercare and geriatric programs; job training program for paraprofessionals.

### BAYVIEW MENTAL HEALTH CENTER

During 1972-73 the Bayview Mental Health Center continued efforts toward full implementation of the present mental health program. In addition to the inpatient, partial hospitalization and outpatient services, Bayview has developed a residential care capacity through the Vienna Guest House. Bayview is also developing expanded services in the areas of children, aftercare and geriatrics.

The Geriatric Screening Unit has become a part of the Bayview Mental Health Center. The services provided in this unit range from case finding and treatment to consultation, referral and placement. It is planned that the staff of the Geriatric Screening Unit will not only develop more comprehensive services for the elderly in the Bayview Mental Health district but will also provide technical information and consultation to the other Mental Health Centers as they begin the process of providing services to the elderly within each of their respective catchment areas.

During 1972-73, Bayview Mental Health Center also received a National Institute of Mental Health Staffing Grant for approximately \$850,000, of which approximately \$650,000 was allotted to the John Hale Medical Society on an annual basis. The term of this grant began December 1, 1972. The grant provided funds for the expansion of services throughout

the Bayview Mental Health system, particularly in children's services, as well as the development of services for the Hunters Point area by the John Hale Medical Society. As a result of the grant, the City-operated Bayview Mental Health Center has begun providing: team-oriented in-patient care; two therapy teams for outpatient care serving two-thirds of the catchment area, with the John Hale Medical Society providing the third team in the Bayview-Hunters Point district. Both the City and John Hale outpatient teams are providing supportive and crisis intervention, day care, group and individual psychotherapy, drug therapy, and limited 24-hour home care; day time emergency services; as well as expanded consultation and education services to the public. The John Hale Medical Society serves the predominantly Black, Hunters Point portion of the catchment area with a staff recruited to meet the needs of that community.

Other new drug abuse programs are also being implemented in the Bayview district by the Community Mental Health Services' Division of Special Programs.

#### NORTHEAST MENTAL HEALTH CENTER

During 1972-73 the Northeast program has seen some great changes. One has been the development of Northeast Community Mental Health Services, Inc., a non-profit corporation (under contract with Community Mental Health Services) which operates community based mental health programs to include the outreach, sub-acute and chronic, residential, partial hospitalization in the Northeast catchment area. The County-operated facilities provide crisis intervention, drop-in and acute intensive care programs.

Much of the funds for the Northeast Mental Health Services, Inc., contract were derived from a continuing \$860,000 annual National Institute of Mental Health Staffing Grant to the City for services in the Northeast catchment area. However, with the development of the Northeast Community Board and its shift to incorporated status, the basis for a contractual arrangement was laid. The Community Mental Health Services then contracted with Northeast Community Mental Health Services, Inc., as of December 1, 1972 for the provision of the services mentioned above in the amount of \$626,000 for the remainder of fiscal 1972-73.

During 1972-73 a comprehensive community care facility was established. This facility provides a broad range of residential programs and services -- seven days a week for chronically ill patients. An expanded home visiting

program and a new senior citizens program also operate out of this facility.

In 1972-73, a National Institute of Mental Health Grant for children's services in Northeast was also received. This grant provided approximately \$250,000 on a yearly basis for the following services: outpatient psychotherapeutic services, a mobile unit serving homes, schools and clinics, a parent-child drop-in unit, activity groups as well as consultation, education, and research. This children's program is also operated under Community Mental Health Services contract by the Northeast Community Mental Health Services, Inc. The primary facility for this program is 716 Sacramento Street.

Other major accomplishments are greatly expanded outreach and outpatient capabilities by both the North Beach and South-of-Market teams; significant also has been the implementation of a Criminal Justice Team serving the mental health needs of persons within the justice system. Finally of note is Diabasis House which is operated in conjunction with the Jungian Institute of San Francisco providing residential treatment for young, acute psychotics, as well as providing training opportunities for persons interested in Jungian techniques.

#### DISTRICT V MENTAL HEALTH CENTER

Much of the effort of the District V Mental Health Center staff during 1972-73 has been involved in the development of a coordinated system of care among the various elements (contract and direct) of the District V Mental Health program. In the development of new programs District V is implementing: comprehensive care for the elderly which provides care for those 60 years of age and over living in board and care homes under contract with the Council of Churches; Adolescent Day Treatment Program, under contract with Children's Hospital, serving moderately to severely disturbed teenagers with a structured day treatment-education program, half-way house care for adults under contract with Baker Places, Inc.; board and care enrichment providing services to patients in homes primarily located in the Ocean View-Merced-Ingleside areas. This is under contract with Community Services Section of the State Department of Health.

During 1972-73 District V Mental Health Center expanded in a variety of ways. First, the Community Mental Health Services' Child Psychiatric Clinic was incorporated within District V and located in the Ocean View-Merced-Ingleside section of the catchment area as an outpatient clinic.

Secondly, the U. S. Public Health Services Hospital's Department of Psychiatry located at 15th and Lake provided under contract the following services to the Richmond portion of the catchment area: Inpatient psychiatric treatment, the Walk-In Clinic for outpatient evaluation and treatment, and day treatment services. Thirdly, the Psychiatric Clinic of the San Francisco Youth Guidance Center was placed under the direction of the District V Director of Clinical Services.

## SPECIALTY SERVICES

### BUREAU OF ALCOHOLISM

Since comprehensive alcoholism services must include close relationships between Bureau of Alcoholism and various private agencies and community groups who also engage in treatment of alcoholism, the Bureau of Alcoholism has been working with community organizations to develop the basis for future contractual and collaborative relationships. The ultimate goal of this process is the development of a spectrum of services for the treatment of alcoholism both privately and publicly operated.

The present range of services offered by the Bureau of Alcoholism are:

1. Residential day treatment and outpatient services as well as educational and consultation services in the Alcoholism Evaluation and Treatment Center;
2. Day activity and counseling services for the public inebriate living in downtown San Francisco through the Harriett Street Day Activity and Counseling Center;
3. A recently opened Themis Half-Way House offering a therapeutic residential program for problem drinkers; as well as an acute detoxification ward at San Francisco General Hospital for the treatment of medical problems in relation to alcohol detoxification.

Within the past fiscal year, also, the Bureau of Alcoholism and the City-wide Alcoholism Committee have structured a framework within which they can jointly assess the needs and priorities relating to the treatment of alcoholism. The City-wide Alcoholism Committee, as a sub-committee of the

Mental Health Advisory Board, has become an essential part of the City's planning process for alcoholism.

#### DIVISION OF SPECIAL PROGRAMS

A major reorganization and development of the Community Mental Health Services program has been the consolidation of CMHS drug and related programs within the new Division of Special Programs. This organization is now responsible for the planning, development, operation, coordination, review and evaluation of treatment services to individuals with problems of drug abuse, sexuality, criminality, delinquency, suicide, smoking, and other special problems.

Specifically, the services of the Division of Special Programs includes the following:

1. The Center for Special Problems which offers brief and long-term psychotherapy for individuals with problems related to drug use, sexual orientation, crime and delinquency (offenders in the victimless crime category) and the pre-suicidal individual.
2. The Division of Special Programs also is developing an extensive Methadone Maintenance Program focusing on outpatient treatment and rehabilitation. In its various locations (Hyde Street, Jennings Street, and San Francisco General Hospital at present), the Methadone Maintenance Treatment Program is serving approximately 688 patients.
3. The Division of Special Programs also operates a Central Referral Service linking together a spectrum of public and private service facilities within the treatment focus. The Division also carries on a consultation and education program.

Much of the drug related services of the Division of Special Programs has been made possible through the receipt of a grant from the National Institute of Mental Health and contracts with the Office of Economic Opportunity. The National Institute of Mental Health drug abuse grant made \$1,600,000 available during 1972-73.

This grant made possible the development of drug-free therapeutic communities for adults and youth, residential detoxification services, outpatient counseling, 24-hour crisis services, research, and administrative staff and

services essential to the implementation of these programs. The therapeutic communities and residential detoxification services are provided by private agencies under contract with the Division of Special Programs (City).

The two Office of Economic Opportunity contracts with the City made available monies approximating \$500,000 for fiscal year 1972-73. Major programs developed from these funds are concentrated in methadone treatment with supportive rehabilitative services located in the Bayview and Mission areas.

Another major accomplishment was the development of the San Francisco Coordinating Council on Drug Abuse which represents a cross-section of public and private community agencies working together to combat problems related to drug abuse. Through the technical assistance of this agency, a comprehensive drug abuse treatment plan for San Francisco was developed in accordance with the requirements of new State legislation.

#### MENTAL RETARDATION UNIT

The direct services offered by the Mental Retardation Unit of Community Mental Health Services range from counseling to individual groups and collaterals of retardates, to day treatment, and social and recreational activities in the "Walk-In" program. Consultation forms a large part of the Mental Retardation Unit services, with consultation contacts being made in: 1) Adult Vacation Program; 2) the Park Diagnostic School -- Special Education Division, San Francisco Unified School District; schools for retarded children with severe behavioral disorders; 3) Department of Social Services for Potrero Hill Neighborhood Center and others.

In addition to providing direct services to the mentally retarded in San Francisco's population, the Mental Retardation Unit is focusing its attention on the development of a range of services collaborating with private facilities such as the Golden Gate Regional Center, and Social Development Centers, to provide continuity of care.

On a short and long-term planning basis the Community Mental Health Services Mental Retardation Unit also participates on the Developmental Disabilities Committee of the San Francisco Comprehensive Health Planning Council.

## VOCATIONAL REHABILITATION SERVICES

The Vocational Rehabilitation Unit is continuing to expand its program for mentally disordered persons by providing them with job counseling, some on-the-job training, job placement and appropriate support services to facilitate the success of those going from dependent to more independent living.

## SAN FRANCISCO GENERAL HOSPITAL PSYCHIATRIC SERVICES

This program provides 24-hour, seven days a week evaluation, consultation, emergency management and treatment services for patients with no local address or whose emergency arises at a time when facilities elsewhere within the City are insufficient.

## RESIDENCY TRAINING PROGRAM

The Residency Training Program greatly increases the capacity of Community Mental Health Services to serve and treat additional numbers of patients. Federal training funds in psychiatry will be reduced or terminated within the next year, thus making it imperative for alternate sources of funding to be obtained so that maintenance of patient care can be assured.

## CMHS BUREAU OF RESEARCH STATISTICS

### Number of Patients Served

Thirty-Two Thousand, One Hundred Forty-One (32,141) patients were served locally this fiscal year by the combined county-operated and privately-operated CMHS facilities. This is an increase of 24% over last year. Seven out of ten of these patients were treated in the county-operated facilities; three out of ten in the privately-operated facilities.

Of the three major treatment modalities (24-Hour Care, Partial-Day Care, and Outpatient Care), the most frequently employed modality was Outpatient Care -- 70% of the patients received this type of treatment. Next in frequency was Partial-Day Care, received by 13% of the patients. Least frequent was 24-Hour Care, received by 8% of the patients.

It is of considerable interest that in both 24-Hour Care and Partial Day Care



there was a marked shift away from hospital to non-hospital care by both publicly-operated and privately-operated programs. Thus, fulfillment of major CMHS program objective -- reduction in use of both State and local hospital care for mental patients -- was solidly proven by the service statistics.

#### Amount of Service Provided

Not only did the overall number of patients served increase over last year, but the amount of services provided likewise increased in every one of the three treatment modalities. Outpatient Care increased 93% to 340,295 interviews; Partial-Days increased 7% to 82,330 days; 24-Hour Days increased 10% to 70,508 days. It is noteworthy that the number of 24-Hour Days in San Francisco General Hospital significantly declined (21%) but in the privately-operated hospitals it sharply increased (65%).

#### Average Service Provided

Since the amount of services provided the average patient increased in each of the three treatment modalities, one may conclude that patients received more intensive care this year. The average patient provided 24-Hour Care received 28 days of such care (56% greater than last year); the average patient provided Partial-Day Care received 19 days of care (6% greater); the average patient provided Outpatient Care received 14 interviews (56% greater).

There is a striking difference, however, between the publicly-operated and privately-operated programs in the pattern of services. 24-Hour patients stay in the private hospitals more than twice as long as they do in San Francisco General Hospital and Partial-Day patients stay in the private hospitals more than 1-and-a-half times as long as they do in San Francisco General Hospital. On the other hand, Outpatients receive slightly less treatment time in the privately-operated facilities than in the publicly-operated facilities.

#### State Hospital Utilization

Utilization of California State Hospitals continues the downward trend it has manifested for several years. Only 766 San Franciscans were admitted to State Hospitals this year, a 13% reduction over last year. Similarly, State Hospital Days fell to 176,812, a decline of 19%. A third index the average monthly census of San Franciscans in residence in California State

Hospitals, fell to 599, a 20% reduction.

Of the 766 admissions this year to State Hospitals, men outnumbered women by more than 3 to 1 (77% men; 23% women) -- this is identical with last year's finding. 9% were children (1-17 years); 90% were adults (18-64); and 1% were aged (65 and over). This is an increase in the percentage of children and a decrease in the percentage of aged admitted to State Hospitals.

Involuntary admissions to State Hospitals are over five times as frequent as voluntary admissions -- 84% were involuntary and 16% were voluntary. This is an increase in the percentage of involuntary admissions over last year. Contributing to this effect is the increasing use by the courts, the county jail and the city prison of State Hospitalization for mentally disturbed offenders. CMHS has inaugurated a special program, the Criminal Justice Unit of the Northeast Mental Health Center, to serve court and jail patients in our local mental health facilities. A major objective of that special program is to reduce State Hospital use by this population.

It is remarkable that not only were less patients sent to State Hospitals this year, but markedly less patients were hospitalized locally -- 1,956 patients were given 24-Hour local hospitalization, a decrease of 59%! The latter patients, however, were more disturbed than those locally hospitalized last year since they required more care, i.e., an average of 20 days local hospitalization this year as against 11 days last year.

#### Five Community Mental Health Centers

The number of patients treated by the five Community Mental Health Centers increased 48% over last year to a total of 20,421. There was considerable difference in the number treated by each Center -- of that total, 40% were served by Northeast MHC, 34% by Westside MHC, 14% by Mission MHC, 7% by Bayview MHC and 5% by Sunset-Richmond MHC.

The amount of service provided by the five Mental Health Centers likewise increased in all three treatment modalities: 43,953 24-Hour Days Care were provided, an increase of 42%; 66,008 Partial Days Care were provided, an increase of 6%; 99,426 Outpatient interviews were provided, an increase of 24%.

### Summary

Analysis of the statistical data reported to the Bureau of Research by all public and private facilities of CMHS provides heartening documentation of increasing progress in achieving basic program goals. Mental health services are being provided to a larger number of persons by more resourceful utilization of local facilities and by development of sub-programs focusing on special needs of target populations. CMHS continues to operate on the premise that the traditional model of immediate hospitalization of mentally disturbed patients may produce unnecessary, undesirable dependency-reinforcing hospital care and that non-hospital treatment services -- crisis intervention, outpatient care and partial day care -- provide superior benefits to the patient and the community.

**SAN FRANCISCO COMMUNITY MENTAL HEALTH SERVICES**

**TABLE 1 - DIRECT SERVICES PROVIDED BY ALL PUBLIC & PRIVATE MENTAL HEALTH FACILITIES  
IN FISCAL YEAR JULY 1972 - JUNE 1973**

	COUNTY OPERATED		PRIVATELY OPERATED		TOTAL	
	N	Change From 72-73	N	Change From 72-73	N	Change From 72-73
<b>A. NO. OF DIFFERENT PATIENTS SERVED</b>	22,684	+19%	9,456	+40%	32,141	+24%
<u>1. No. Given 24-Hour Care</u>	1,506	-26%	976	-35%	2,482	-30%
a. In hospital	1,506	-26%	450	-66%	1,956	-59%
b. In non-hospital	0	-	526	+170%	526	+113%
<u>2. No. Given Partial-Day Care</u>	3,329	0%	973	-5%	4,302	-1%
a. In hospital	134	-51%	207	-24%	341	-37%
b. In non-hospital	3,195	+4%	766	+3%	3,961	+4%
<u>3. No. Given Outpatient Care</u>	18,050	+17%	7,507	+76%	25,557	+30%
a. Via Individual sessions	16,575	+11%	6,456	+87%	23,031	+25%
b. Via group sessions	2,193	-27%	11,119	+14%	3,312	-17%
<b>B. AMOUNT OF SERVICE PROVIDED</b>						
<u>1. No. of 24-Hour Days</u>	21,926	-30%	48,582	+50%	70,508	+10%
a. In hospital	21,926	-21%	16,461	+65%	38,387	+2%
b. In non-hospital	0	-	32,121	+43%	32,121	+23%
<u>2. No. of Partial-Days</u>	49,176	+7%	33,154	+5%	82,330	+7%
a. In hospital	2,069	+163%	4,904	+76%	6,973	+95%
b. In non-hospital	47,107	+5%	28,250	-2%	75,357	+2%
<u>3. No. of Outpatient Interviews</u>	241,355	+117%	98,940	+52%	340,295	+93%
a. Via Individual sessions	207,526	+180%	84,246	+67%	291,772	+124%
b. Via group sessions	33,829	-9%	14,694	+1%	48,523	-6%

## DISTRICT HEALTH CENTERS

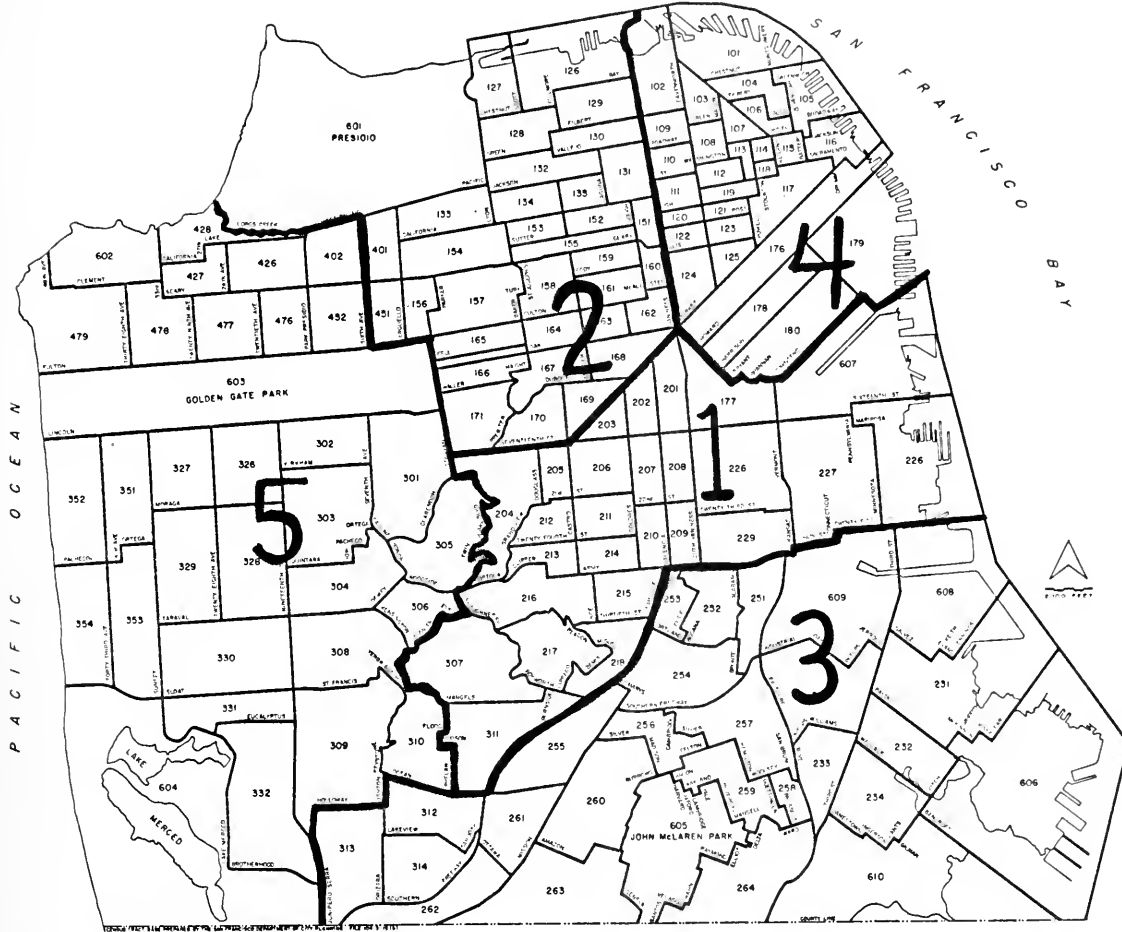


## S.F. DISTRICT HEALTH CENTERS

- #1 3850 17th St.
- #2 1301 Pierce St.
- #3 1526 Silver Ave.
- #4 1490 Mason St.
- #5 1351 24th Ave.



# THE SAN FRANCISCO HEALTH DISTRICTS



## DISTRICT HEALTH CENTERS

District Health Center 1	3850 - 17th Street
District Health Center 2	1301 Pierce Street
District Health Center 3	1525 Silver Street
District Health Center 4	1490 Mason Street
District Health Center 5	1351 - 24th Avenue





## THE DISTRICT HEALTH CENTERS

San Francisco is divided into five Health Districts, each serving from 110,000 to 170,000 people. The District Health Centers, all relatively new buildings, include a clinic area, a laboratory, office space for staff, classrooms and conference rooms. Clinic services operate during week days, most evenings, and some Saturday mornings. Many clinics are held in substations throughout the City also, especially in areas where public transportation is poor, in order to bring certain services closer to the residents. The Health Centers are also frequently used by neighborhood organizations for meetings or conferences.

The Health Centers are administratively responsible to the Director of Public Health through the Assistant Director of Public Health Programs and Services. They are staffed by physicians, public health nurses, registered nurses, dentists, environmental inspectors, health educators, and community health workers, plus clerical and maintenance personnel. Health Centers 1, 3, and 5 also provide space for District Community Mental Health Services. In District 4, the North East Medical Services, an O.E.O. funded neighborhood program, hold some of their clinics in the Health Center. Professional students from a variety of colleges in the area come to the Health Centers for experience and field training. Summer jobs give young people an opportunity to learn about careers in health and public service. In many clinics, the staff is ably assisted by dedicated volunteers.

The District Health Centers originally provided services intended to promote health and prevent disease, particularly in infants and young children, through screening examinations, early referral, counseling, immunizations, and health education. In recent years the clinics have broadened their scope to provide treatment for many minor conditions. "Drop-Ins" with problems are no longer turned away because they came on the wrong day, but every effort is made to take care of their problems or see that they are referred to the proper source of care. Plans are now being formulated for a pre-natal follow-up clinic in at least one Center, follow-up clinics for the chronically ill are being co-ordinated with the Out-Patient Department of San Francisco General Hospital, and perhaps primary care will soon be available in the Health Centers.

## HEALTH CENTER ACTIVITIES AND SERVICES

### Information and Referral

The first responsibility of Health Center personnel is to provide accurate information to those who seek help. Many people, particularly the elderly, do not know how to use health services and do not understand the limitations of Medicare and Medi-Cal. The Public Health Nurse or other staff will discuss the problem, determine the type of services needed, and maintain contact with the patient until proper care is assured.

### Clinic Services

#### 1. Health Screening

- a. Infants and Pre-School Children: Child Health Conferences held in the Health Centers and in sub-stations throughout the Districts to provide health supervision, immunizations, and counseling for young children. Special clinics are held each summer for the evaluation of vision, hearing, general health, and school readiness for children about to enter kindergarten.
- b. School Age Children: Examinations for school age children are available in the Health Centers and in the schools. Children who have demonstrated learning difficulties are referred for special examinations as part of their evaluation for special classes. During the summer, many students come to the Health Centers for their annual physical examination for participation in interscholastic sports or for camping programs.
- c. Adults: Screening Clinics are available so that adults may have examinations for employment purposes, college entrance, teaching credentials, etc. Other adults come in for routine periodic examination because Medicare and other health plans do not pay for such services.

2. Family Planning and Cancer Screening: Examination to detect early signs of cancer of the thyroid, breasts, and reproductive organs are available for women of all ages. The various types of contraceptive

methods are available, following a pelvic examination and laboratory tests for cancer, gonorrhea, and syphilis. Blood tests for immunity to Rubella are also done prior to giving Rubella immunization. The demand for this type of service is ever increasing, and additional clinics have been added in the evenings to serve working women and students.

3. Dental Clinics: The greatest unmet need in health services is that of dental care. The limited dental time in the Health Centers is devoted to prophylactic and restorative care for young children. Due to the lack of budgeted positions for dentists, the new dental chairs sit empty half the time, and the waiting lists are usually 4-5 months long.

4. Immunizations: Immunizations to prevent diseases which may occur in California are given to children and adults in regular Immunization Clinics as well as in the Screening Clinics. Since Smallpox vaccinations have dropped from the list of routine immunizations, the number of total immunizations given decreased by about one-sixth. Another small decrease is due to the fact that Measles and Rubella are now combined into one vaccine, instead of being given separately.

5. Podiatry Clinic: The California School of Podiatric Medicine sends students and instructors to each of the Health Centers on a weekly basis to provide diagnosis and some treatment of foot problems. The elderly residents of the Districts are particularly appreciative of this service.

6. Decentralized Chest Clinic: by providing follow-up care for tuberculosis cases in their own neighborhood, the decentralized Chest Clinics in Health Centers 2 and 4 have greatly improved continuity of care of the long-term patients.

7. Glaucoma Screening Clinic: In bi-monthly clinics in Health Centers 1, 3, and 5, ophthalmologists examine for signs of early glaucoma and other eye diseases in older patients.

8. Pregnancy Testing: The easy accessibility of abortions makes early diagnosis of pregnancy very important. Many young women come to the Health Centers for the pregnancy test which are done by the Public Health Nurses. Counseling is a very important part of the procedure, especially if an abortion is desired. The nurses do their best to refer them to a good source of care and follow them until they are certain no complications have occurred. It is interesting to note that the rate of premature births has fallen as the number of abortions went up; apparently those that would

have been premature are being aborted instead.

### Health Education

All Health Department staff are responsible for disseminating accurate and up-to-date health information in their daily activities. Many types of educational programs are presented by the staff, for example, parent education classes about nutrition, safety, etc. Each Health Center has a full time Health Educator who is especially trained to work with community groups and develop health education programs for them.

### Environmental Health

The district Health Inspectors are charged with the responsibility of making regular inspections of all types of eating places, food processing and retailing establishments, swimming pools, laundries, school cafeterias, etc., to determine that high standards of sanitation are maintained. They also answer a wide variety of complaints from residents of the neighborhood pertaining to insanitary conditions. The recent interest in ecology seems to have caused a considerable increase in this type of complaints. The inspectors also must investigate all reports of animal bites and institute quarantine of the animal when indicated.

### Public Health Nursing

The Public Health Nurses are the real "out-reach" personnel of the Health Centers, bringing the services right into homes in the district. Besides home visiting, the Public Health Nurses work in the schools, in clinics, and in a wide variety of group activities--senior citizens centers and housing projects, Special Service Centers for pregnant teen-agers, and conduct classes for expectant parents and parents of young children. Their objective is always the promotion of health by teaching, counseling, case finding, assessment of family health, and referral for proper care.

During the past year, six Public Health Nurses completed courses designed to expand the traditional role of nursing--two Pediatric Nurse Practitioners, two Family Planning Nurse Practitioners, one Maternity Nurse Practitioner and one Family Nurse Practitioner.

### School Health

The Public Health Nurses, along with physicians, health educators and

inspectors, staff the school health program in the public and parochial schools. In cooperation with school personnel, they work to enable each child to profit from educational opportunities. Screening tests for vision, hearing and tuberculin sensitivity at certain grade levels, physical appraisals of those children with suspected health or emotional problems, conferences with parents and teachers and educational programs are included.

The school health aides that had been hired under the Emergency Employment Act proved to fill a very necessary role in the schools but the funds for those positions were exhausted in May. Every effort is being made to convince the Unified School District to allocate funds to continue and, hopefully, expand this program.

Because many children are now bussed long distances from their homes to schools in other neighborhoods, it is more difficult for them to obtain needed health services after school so more of the services will have to be provided in school. Some of the students who had left the public schools because of bussing returned the next year but approximately 4000 of them are still in alternative types of schools.

#### Mental Health

Further decentralization and expansion of the Community Mental Health Services into the districts has occurred. Because fewer patients are being hospitalized with mental illness and some patients are being discharged from State hospitals, the out-patient services are very busy, as are the day care centers. Their patient loads are limited only by lack of space, and additional facilities are being sought.



District  
Health  
Centers  
offer  
a variety  
of  
health care  
services



### HEALTH CENTER I (EUREKA-MISSION)

Health District I is located in the center of San Francisco and extends from the Bay to Mt. Davidson. It is heterogeneous area with many different socio-economic and ethnic groups. The most characteristic dimension is the large number of Spanish-speaking people; however, there are an increasing number of American Indian, Filipino, and Chinese. The 1970 census information showed that the percentage of Spanish speaking in the district ranged from 9.3% to 56.4% in the various census tracts with an overall average of 30%. Unemployment, transiency and one-parent homes were higher for District I than for San Francisco as a whole, while income and education were lower. The birth rate is the highest in the city. (16.0/1,000 population vs. 12.6 for the city as a whole).

The BART stations are completed, and the community is awaiting this long-anticipated service. Street car tracks have been laid along 17th Street, for the cars diverted off Upper Market while underground facilities are extended up to the Twin Peaks Tunnel. Traffic in front of the Health Center has therefore increased considerably, and traffic problems at the Market, Castro and 17th Street intersection are at times perilous.

Demolition of the old Regal Pale Brewery was instituted, and low to middle-income housing is planned for the area. The Far West Laboratory building has been completed on Harrison Street and will become a site for innovative educational programs. McAteer High School, located in Diamond Heights, will open for its first class in September.

The Health Center was even busier than last year with an average of twelve-hundred patient visits per month. The greatest demand and longest waiting period continues to be for dental appointments. With additional staff, the dental and medical facilities could be made available evenings and weekends; clinic space otherwise is in constant use during the week.

## HEALTH DISTRICT 2 - (WESTSIDE MARINA)

District 2 occupies a rectangular area roughly north-central in San Francisco. Population estimates reflect the continuing decline in San Francisco as a whole, with a net loss of about 5,000 in the district since the census of 1970. The birth rate also declined and is fast approaching the death rate. Low weight birth and fetal deaths declined dramatically. A marked increase in deaths due to cirrhosis reflects the serious threat of alcoholism in the area. Significant construction of housing for the elderly predicts stability or even increase in the population over 65 years. The district's multiracial character is assured as black former residents in the redevelopment area are preferentially able to return to new housing; the area around the Japanese Center continues its redevelopment; and Filipino families increasingly find housing in the District, particularly in the Haight.

Health facilities continue to be a dominant characteristic of the area. Building programs at major hospitals, continual growth of professional offices around them; and maintenance of alternative health services contribute to an unusual density of health resources as a permanent aspect of this area. John Hale Health Plan is about to begin registration for a prepaid medical care program serving a large portion of the district. Various groups in the Haight-Ashbury are active in assessing their neighborhood's health needs and resources, indicating strong concerns about health services in their community.

Community use of certain services of Health Center 2, predominately maternal and child health, declined. On the other hand, programs such as Methadone maintenance, decentralized tuberculosis clinic, and pregnancy testing and counseling, flourish. Additionally, demands for public health services to the elderly in senior citizen housing, board and care, and activity centers increase along with the increase in senior population. Interest and support of alcohol programs has been initiated, most significantly by the housing of a service program for alcoholics at the Center.

Services offered by the Center must continue to reflect changing community needs and demands. Consequently, Health Center 2 is planning to continue developing more programs for the elderly, and more comprehensive ambulatory care for those it serves, as well as supporting those programs, such as drugs and alcohol, evidently necessary at this place.



### HEALTH DISTRICT 3 - (BAYVIEW-HUNTERS POINT)

The district continues to reflect the drop in San Francisco's population, with a decrease of 2,000 in the past year in the white segment and small increases in the non-white groups. The school population dropped approximately 3,000 students.

The lowered birth rate and the availability of services from other sources have decreased the demand on certain clinics. Several of the Child Health Conferences in substations have been dropped or reduced in frequency. Immunization Clinics were also decreased mainly because of the change in the requirement of smallpox vaccination for travelers. All other services show an increased attendance, especially Family Planning. A Glaucoma Screening Clinic was instituted bimonthly and is well attended.

The staff is presently negotiating through the City Real Estate Department for the use of space in the Salvation Army building in the Ocean View District in order to provide some services to the OMI area. The Child Health Conference from the Alemany Day Care Center would be moved to that location; later, health screening and family planning services would be added.

Two new community organizations, one in the Visitation Valley district and COMO in the Outer Mission-Excelsior district have been developed in an effort to solve some of the district problems - crime, poverty, vandalism, etc. Members of the Health Center staff have been active in both organizations, contributing to the development and progress of both groups.

At present, the administrative staff of Health Center 3 has been meeting with the core staff of the Hunters Point Ambulatory Care Center. This is an independent organization established with support of the San Francisco Health Department and City administration. Up to this time it has been funded by the Federal Government through H.U.D. Its purpose is to establish an outpatient health care facility for the Model Cities area and would provide primary care, back-up for extended care by the San Francisco Hospital, dental care, family planning and preventive health programs. There will be some allocation of staff from Health Center 3 to the Ambulatory Care Center to establish a channel of communication between the services.

## HEALTH DISTRICT 4 - (NORTH EAST)

Health District 4, the North East sector of San Francisco, consists of North Beach, Chinatown, Central City and South of Market. The estimated population has decreased for 113,300 in 1971 to 109,800 in 1972. Of the population 19.6% is over 65 years of age, and many of these are in the low income group. In this district 59.8% of the population are white, 31.6% are Chinese. The Death rate is high, the birth rate is very low. The number of new cases of tuberculosis continues to be by far the highest in San Francisco while the venereal disease rates are still high (second to the highest in the city). Suicide and homicide rates are very high. Almost one half of the deaths attributed to cirrhosis of the liver occur in Health District 4.

The Health Center staff are extensively involved in community activities. North East Medical Services continues to offer their clinic services from the Health Center at 1490 Mason. Because of our comprehensive Family Planning Project with its very enthusiastic staff working with similar agencies throughout San Francisco many programs have been provided in all areas of family planning with emphasis on needed services and education. There have been continuous efforts to bring about the coordination of all of these services.

North East Community Mental Health Services, Inc. has tremendously increased their services and programs to this district in the past year. The North of Market Health Council has been very active in attempting to develop and provide health services to the elderly in Central City. Limited services have been given to the various Senior Centers in this district because of the limited staff. The Senior Housing Project has continued to provide much needed personnel to assist in all problems of the elderly in several of the Public Housing Projects; and in a few of the low-income and problem - ridden hotels of Kearny St. "On Lok" Senior Health Service works very closely with the staff and the community in attempting to provide an alternative to nursing home care for the seniors in Chinatown and North Beach. This is a pilot project with administrative offices located at the Health Center.

"New Start Center." and the Mars Hotel Project both continue to demonstrate the tremendous need for this type of facility in the South of Market. These particular acute detoxification and domiciliary care units for alcoholics are offered nowhere else in San Francisco.

## HEALTH DISTRICT 5 (SUNSET-RICHMOND)

Health District 5 is the largest and most populous of the districts in the City but because of the relatively higher income level, it has fewer public health problems. The population is elderly. More than 17% are over the age of 65, with all the health and social problems that come with advanced age and fixed incomes.

The new Health Center building is holding up very well and, with its attractive art works provided by the Art Commission, is enjoyed by all who visit it. A variety of community groups use the Health Center for meetings or conferences.

Most of the clinic services showed an increase in attendance in the past year. The Family Planning clinics have been very busy, and an evening clinic was added to better serve the working women. There has been a marked increase in the number of people who drop in for some kind of information or assistance, from a tetanus booster for an accident to a transient who needs a few stitches removed. Every effort is made to help these people immediately or to get them to the care that they need. More services, particularly for the elderly, are needed, and staff is studying ways in which to provide them. The population in the outer Richmond is under-served; a substation needs to be located in that area.

The Health Educator position was unfilled all year, and this lack was sorely felt by all the staff.

Many staff members are working with community groups such as the Planning Agency for Aging, the Sunset-Parkside Education and Action Committee (SPEAK) and the Sunset-Parkside Alcoholism Rehabilitation Committee (SPARC).

In June, a group of young people from various Japanese community groups put on a very successful two-day Health Fair in the Health Center.

SELECTED STATISTICS OF HEALTH CENTER SERVICES  
JULY, 1972 to JUNE, 1973

	<u>DHC 1</u>	<u>DHC 2</u>	<u>DHC 3</u>	<u>DHC 4</u>	<u>DHC 5</u>	<u>TOTAL</u>
<u>Total Population</u>	123,500	147,200	135,400	109,800	169,700	685,600
<u>Child Health Conferences</u>						
No. Sessions	237	NA	324	479	167	NA
Total Attendance	3,262	704	3,889	3,286	2,117	13,258
Individuals seen	1,404	378	1,226	1,225	787	5,020
Average Attendance	13.7	NA	12.6	7	13	NA
<u>School Health</u>						
No. of Schools	49	37	44	19	48	197
Enrollment	23,167	16,800	25,229	9,413	30,194	104,803
Individuals seen	1,434	453	2,434	1,499	1,588	7,408
<u>Adult Screening</u>						
Individuals seen	476	391	202	456	1,588	3,113
<u>Famil Planning and Cancer Screening</u>						
No. of Sessions	126	50	137	248	145	706
Total Attendance	2,380	860	2,017	5,466	2,172	12,895
Individuals seen	1,314	490	1,080	3,461	1,102	7,447
Average Attendance	18.8	17.2	14.7	23	15	18.2
Tests & Pap Smears	2,266	1,517	2,966	10,475	3,860	21,084
<u>Dental Clinic</u>						
Total Attendance	2,577	1,739	3,411	1,375	1,349	10,451
Restorations	2,862	2,125	2,824	1,823	1,733	11,367
Extractions	664	179	318	268	180	1,609
X-rays	1,845	584	1,140	0	1,099	4,668
<u>Immunizations</u>						
DPT, TD, Polio, Rubella, Measles, Smallpox	3,830	1,228	3,409	12,487	4,058	25,012
<u>Tuberculin Tests</u>						
No. done	4,455	3,981	3,874	5,385	4,576	22,277
% Positive	5.9	7.5	3.9	11.6	4.7	
<u>Podiatry Clinic</u>						
No. of Sessions	50	0	45	28	42	165
Total Attendance	329	0	434	52	350	1,165
<u>Pregnancy Tests</u>	698	292	382	707	524	2,603
<u>Home Visits by PHNs</u>	10,103	9,917	17,864	7,128	8,920	53,932
<u>Environmental Health</u>						
No. complaints	2,902	3,004	3,457	1,929	1,954	13,246
No. inspections	6,079	10,448	4,726	13,610	6,593	41,456
<u>Chest X-Rays</u>	0	0	0	3,495	6,174	9,669
<u>Glaucoma Clinic</u>						
No. of Sessions	5	NA	4	NA	6	15
Total Attendance	159	NA	108	NA	189	456

BUREAU OF ENVIRONMENTAL HEALTH SERVICES



## BUREAU OF ENVIRONMENTAL HEALTH SERVICES

The general objective of the Bureau is the promotion of those aspects of public health that protect the health of the citizens of the City and County of San Francisco and visiting tourists and enhance the environment in which they live, work and visit. To accomplish this objective the Bureau employs competent Registered Environmental Health Inspectors who perform broad functions which include: food sanitation, monitoring water supplies, housing and institutional sanitation, solid and liquid waste control, surveillance and control of rodents and insect vectors, swimming pool sanitation and safety, follow-up of citizens complaints, air, noise and water pollution and general safety. The Bureau supplies supporting information and education whenever possible to the public in order to maintain long lasting compliance with local and other regulatory requirements. Liaison with the governmental agencies in the surrounding communities aids in the accomplishments of objectives which heretofore were unattainable.

### Relationship to the Community

Through the multiplicity of contacts with citizens within the community a good rapport exists with neighborhood groups, operators of commercial and industrial establishments and the general citizenry. The Bay Area residents as a whole who live outside of San Francisco are aware of and benefit from the programs performed by this Bureau. Good community relationship is a necessity for a successful comprehensive environmental health program.

### Bureau Highlights for the Fiscal Year 1972-1973

In cooperation with the State and Federal Food and Drug Administration a recall of frozen foods containing contaminated mushrooms was accomplished. On one other occasion mushrooms were recalled due to contamination because of underprocessing. In no cases were there any reports of food poisoning which could be related to the food producers.

Ten Emergency Employment Act personnel have undergone excellent training within the Bureau of Environmental Health Services. They also completed their College Degree requirements as well as passing the examination for California State Registered Sanitarian. At this time eight of the personnel have been appointed to permanent positions within the Bureau as the positions became available. This is a good example of

how comprehensive the training was for these individuals.

A Federal "Rat Control" application has been approved for a five year period renewable annually. The Grant provides for a program of rat control in a low income area of the Mission District. Personnel staffing the field team are in the process of being hired from the target area where the program is going to take place. The reason for this, aside from improving the economy of the area, is that by using local personnel known to the residents it will ultimately result in better cooperation of the residents. More details will be forthcoming after the end of the first year.

A stepped-up program of seeding fresh water ponds with mosquito eating fish was begun this year because of the heavy rains this past winter. Ponds at the Palace of Fine Arts Building, Sigmund Stern Grove, Pine Lake and a chain of lakes at Golden Gate Park were stocked. This will reduce complaints and eliminate the necessity of spraying chemicals in these areas.

An Ordinance No. 150-73, amending the San Francisco Health Code has been passed which enables the City, once all other attempts fail, to clean lots of trash, weeds and refuse and place a lien against the property to recover the costs. This has resulted in abating nuisances heretofore not possible. Several examples are shown where results have been accomplished. Notices will be given to the owners of properties that the charges may be paid prior to the recording of the lien. Administrative charges will be levied in addition to the costs to the City.

A Debris Clean-Up Campaign of the Dog Patch Area was undertaken by the Bureau of Environmental Health Services with the cooperation of the neighborhood people and the help of the Sunset Scavenger Corporation. The area consists roughly of 18 square blocks, which are bounded by 21st Street to the North, 25th Street on the South, 3rd Street to the East and Pennsylvania Street to the West. The object of the campaign was to have the people rid themselves of unwanted debris which is conducive to rodent and roach infestation, as well as being a fire and safety hazard. The campaign was a success because of the excellent cooperation received from the "Dog Patch Community Development Organization", Mrs. Lucid of Health Education, and the Sunset Scavenger Corporation.

The Chinatown clean-up campaign was a huge success. As with the



campaign in Dog Patch, the object was to eliminate the debris and other harborage that is conducive to rodent and roach infestations. Again, the campaign was a success because of the excellent cooperation of the neighborhood citizens, particularly those people that are interested in a cleaner and better environment. A total of 47.43 tons of trash was hauled by the Golden Gate Disposal Company; and 50.5 tons of trash that was on the streets and not in the debris boxes, was hauled by the Department of Public Works. In addition to the above, the Chinese American Citizens Alliance, Mr. Tommy Tong of Radio Station KBRG, and the San Francisco Police Department, donated either services or monies for the campaign. The project was coordinated with the assistance of the Bureau of Health Education. Bureau personnel attended many meetings on all of the campaigns and other problems when requested to do so by the various neighborhood organizations.

### Bureau Programs and Activities

The City Charter requires that inspectional services furnished commercial, industrial and multiple residential premises, and other health related categories of business enterprises, must be self-supporting whenever possible by fees assessed. Such fee services comprise the bulk of the inspectional programs of the Bureau, and include the following categories of businesses issued "Permits to Operate" by the Department of Public Health:

1. The main and most numerous of these are the Food Preparation and Service establishments. These establishments are primarily those which prepare and retail foods for human consumption such as restaurants, bars, coffee shops, institutional dining rooms, juice bars, and many others. 4,900 initial inspections and 19,204 follow-up reinspections within this category were conducted during the fiscal year.
2. The second category is the Food Product and Marketing establishments. These are related to the manufacture, processing and storage for wholesale and/or retail market of food products. Included in this category are bakeries, breweries, beverage bottling plants, meat plants, candy and food factories, warehouses and grocery stores. 2,803 initial inspections and 7,866 follow-up reinspections were made.
3. Miscellaneous groups are separated into three categories as follows:
  - a. Examples in the first group are vendors of food, fruit and vegetables, peddlers, food salvage, and food and drink vending

machines. This category produced 339 initial inspections and 350 follow-up reinspections.

- b. Group two consists of laundries, launderettes, swimming pools, cigar and mattress factories, private ambulances, pet shops, and fumigating companies. 1,013 initial inspections and 1,258 follow-up reinspections were made during this period.
- c. Group three of the miscellaneous category include scavenger company vehicles and will trucks. 152 initial inspections and 265 follow-up reinspections were made during this fiscal year.

#### Vending Machine Program

All vending machines which dispense food and beverages are subject to inspection and subsequent licensing (exceptions are candy, bottled and canned soft drinks, and gum machines). The machines are re-licensed each October and decals of a new color are issued to replace those which are out-dated. Individual Vendor Companies which service the machines number 67 and are under surveillance by this Bureau. 1,989 machines are licensed and inspected frequently.

#### Dairy and Milk Inspection Division

The production and subsequent processing and marketing of milk and milk products is regulated by strict enforcement of the laws of the Federal and State Department of Agriculture and adopted local ordinances.

#### Dairy Farm Inspection Program

There were 414 Dairy Farms under inspection for this fiscal year. Inspections included examinations of samples of milk and the water supply. Plans for new buildings were reviewed for compliance with the pertinent codes. Concurrently inspections were made for sanitary premises, condition of equipment, use of pesticides, antibiotics, and sanitary handling and storage of milk. State certified laboratory facilities were utilized whenever possible to preclude duplication of work.

#### Skimming and Cooling Operations

This operation entails provision of centrally located milk processing units which can store milk closer to the dairy farms. The milk is stored, after

being tested, graded and pasteurized, for future delivery to the pasteurizing plants. The separation and inspection of the milk and subsequent cooling is called "Skimming and Cooling" process.

#### Pasteurization Plants

The operation, construction, design and alterations of these six plants are monitored by this Bureau. Seals on pasteurizing units and continuous recording thermometers are checked routinely. Samples are taken to determine the bacteriological and chemical quality of milk and milk products.

#### Retail Inspection and Sampling Program

The sampling of milk and milk products continued in the grocery stores and other retail outlets throughout the fiscal year. When the product did not meet quality standards the processors and retail outlets were notified. Rechecks were made to insure compliance.

#### Food Service Training Program

Ongoing classes in Food Service Training were conducted for institutions and establishments by technical personnel of the Bureau of Environmental Health Services on a request basis. These establishments included chain food stores, restaurants, and all food retailing business large and small. Some of the larger food service establishments conduct their own training sessions with the assistance of the Bureau. Courses which are given at the San Francisco City College to students who are involved in related food fields are supplemented with courses given by Bureau personnel and contain such subjects as personal hygiene, bacteriology of food, preparation services and proper storage of foods, proper dish and utensil sanitization, and vector control. They are also taught the many important elements in dealing with general sanitation practices. Certificates of completion are issued to those food personnel who attend short courses given by this activity.



The picture above is an example of an abandoned gas station which was used as a dump by local residents. Owners were cited for failure to clean up the lot, but they neither abated the nuisance nor appeared at the hearing.



This picture was taken after the owner removed the abandoned structure and debris from the premises after action was initiated by this Department. Ordinance #150-73 will enable the City to correct such health problems in an expeditious manner.

### Investigation and Abatement of Complaints

The table following indicates the increase of environmental health related complaints to double that of 1964. The emphasis in recent years on environmental and ecological problems has resulted in the public becoming aware and more vocal in seeking solutions.

<u>Fiscal Year</u>	<u>Number of Complaints</u>
1964/1965	7,692
1965/1966	8,490
1966/1967	9,119
1967/1968	10,124
1968/1969	10,991
1969/1970	11,225
1970/1971	13,869
1971/1972	14,618
1972/1973	15,098

In addition to the above complaints a total of 1,526 special investigations requiring written reports and replies were conducted.

### Rodent Control and Plague Surveillance

The activities of the regular rodent control personnel have been supplemented with the use of Emergency Employment Act personnel. After a period of training (classroom and On-The-Job) five of these Emergency Employment Act personnel have qualified for and obtained commitments for jobs in private industry when released from the program.

### Rodent Control Program

Rodent Control personnel are assigned to each of five Health Centers from which they conduct trapping and poisoning programs. Their activities were further supplemented by the Health Inspectors who did most of the original complaint investigations. A great deal of poisoning, trapping and environmental improvement has been instituted in the Mission District, Hayes Valley and Western Addition. A special survey and rodent eradication program was accomplished in the Lake Merced area. The Special Team of threemembers working with the Redevelopment Agency continued to conduct rat eradication as a prelude to demolition of buildings.

The Rodent Control Section is cooperating with the Environmental Study Center, Bowling Green State University (Ohio) in research investigations concerning "Anticoagulant Resistance in Rats". This study project involves many areas of the United States. Live rats trapped locally by Rodent Control Section technicians are shipped to the Center in Ohio. Preliminary reports indicate there is a possibility that Norway Rats in the San Francisco Bay Area may be resistant to the anticoagulant rodenticides presently in use.

#### Plague Surveillance Unit Operations

The sampling of rodent populations and their ectoparasites for evidence of sylvatic plague from wild rodents continued as indicated by the summary below:

#### PLAGUE SURVEILLANCE DATA

No. of rats trapped	4,079
No. of rats examined	1,787
No. of ectoparasites collected	1,450
No. of ectoparasites found positive for Plague	0
No. of rats poisoned (recovered)	6,520
No. of miscellaneous wild rodents, (Mice and others) collected	10,342

#### Federal Rodent Control Grant

An application for federal assistance to conduct rat control in a special area was approved and plans are now being formulated for the implementation of the program in the Mission District. The main theme for this program will be "Education and Motivation" of neighborhood residents to provide an improvement of related environmental conditions which foster rat infestations. Meetings were held with representatives of "Mission Coalition" and "Model Cities", and both groups strongly endorsed the project. Such local endorsements and cooperation aid greatly in the planned programs and help ensure successful results.

#### Solid Waste Program

Complaints pertaining to solid wastes were again the most numerous of all complaints received. Complaints in this category related to premises without licensed collection service and to accumulation of refuse on premises, sidewalks and vacant lots and buildings.

The passage of Ordinance 20-72 has increased by approximately 2,000 the number of dwelling units subscribing to refuse service. The Ordinance provides for continuance of collection service by insuring payment to the collector by the City, in the event the tenant, agent or owner fails to pay the bill. This has resulted in a decrease in the types of complaints noted above with an attendant increase in complaints objecting to warning notices received and liens recorded.

Less than \$5,000.00 out of an original \$160,000.00 fund which was provided to pay for delinquent bills has been expended. Prior to enactment of Ordinance 20-72, the refuse collection agencies terminated service as a means of obtaining payment on delinquent accounts. Such procedure resulted in complaints of non-service, refuse accumulating on premises, being dumped in lots, etc., and as previously noted, the passage of the Ordinance has considerably decreased these types of complaints.

Collected refuse is deposited at a facility known as the transfer station which is located near the County Line. A fleet of specially designed trucks transport the refuse from the transfer station to a sanitary land fill site in Mountain View, Santa Clara County.

#### Industrial Health Activities

Specialist personnel of the Bureau are concerned with the prevention of occupational diseases caused by exposure to harmful chemical substances and by physiological stresses due to physical agents in the industrial atmosphere such as temperature, humidity, radiant heat, illumination and noise, and industrial accidents. The Bureau offers assistance to industries and manufacturing establishments in occupational health and safety matters, and through special surveys utilizing technical sampling equipment and scientific measuring devices, recommend corrections and solutions to specific occupational health problems or hazards. Employee complaints concerned with health risks created in the industrial environment are investigated and corrective measures recommended. The Bureau conducts special studies in the field of industrial hygiene and occupational-related high-risk situations on a request basis.

As an adjunct to the Department's Lead Screening Program the Bureau investigates all cases in which high blood-levels are found in children to discover the source of lead.

Since the passage of the noise ordinance the Bureau is in the process of training personnel in the proper procedures for measurement of sound

levels and the attenuation of excessive noises caused by fixed sources and the scavenger truck compactors.

#### Electronic Data Processing

The San Francisco Bureau of Environmental Health Electronic Data Processing initiated in April 1972 was fully implemented during the fiscal year. The system includes ten detailed reports for use by the administrative staff for performance analysis and budget planning. The reports provided by the system were successfully utilized in accurate cost accounting for the development of fee structures and as a basis for reports to other governmental agencies.

The Milk and Dairy Inspector's field and sampling activities have been added to the system. The Rodent Control Technician's activities will be assimilated into the system during the 1973-1974 fiscal year period.

On October 1, 1973, the Bureau of Environmental Health Services will participate with other California Counties in a statewide computerized food evaluation program. The system basically is to evaluate all facilities and methods used in the food industry. The data is retrieved by optical scanning a specially designed score sheet used by the inspector in the field. This will provide a means of evaluating our food industry on a comparative basis with other participating counties. The report will reveal inspectional efforts, scores and their inter-relationship so that a management tool is provided to measure the progress of our goals and to further evaluate manpower needs.

The system will also provide a perpetual inventory count of all food establishments as classified by the Bureau.

#### Services Performed for Other Governmental Agencies

Services performed by the Bureau of Environmental Health Services for the other Departments and governmental agencies were supportive in nature and usually the costs of such support and inspections were defrayed by the other entities. The Agencies and Services are as follows:

##### Services Performed for Other Bureaus and Municipal Departments:

###### Rabies Control

2,319 cases of animals biting humans were referred to the Bureau



### Rabies Control (continued)

this year for investigation as to possible transmittal of Rabies. Most bites involved dogs, but other warm blooded animals are occasionally reported. The rate of bites has decreased over the last two years as indicated in the chart below: (Note: A minimum of two field visits is required to find and quarantine an animal and to release it after quarantine.)

<u>Fiscal Year</u>	<u>Cases Reported</u>	<u>Total Field Visits</u>
1968/1969	2,068	4,501
1969/1970	2,642	5,149
1970/1971	3,093	6,510
1971/1972	2,632	6,630
1972/1973	2,319	5,313

### San Francisco Police Department

Permits are issued to all food peddlers operating in the City and their vehicles are inspected for sanitary condition prior to issuance of a decal for each vehicle. Eighty-eight such inspections were made during this period. Special inspections of theaters and other areas were made on a referral basis.

Massage parlors are licensed by the Police Department, but issuance of the license is dependent upon prior approval by the Health Department. A total of 281 inspections were made.

### San Francisco Department of Public Works

Inspections of premises under the jurisdiction of the Department of Public Works were done by the Bureau of Environmental Health Services on a complaint and referral basis usually predicated on insanitary premises. The types of problems involved were defective plumbing, garbage and trash accumulation, insufficient or lack of refuse service, animal nuisances, ordors, and others of public health significance. Commercial buildings with food related businesses or storage areas are subject to a plan review conducted by this Bureau.

In addition to complaints the building which contained commercial kitchens and other food preparation and storage areas were subject

## San Francisco Department of Public Works (continued)

to site plan review by the Bureau of Environmental Health Services. This preceded the issuance of permits by the Department of Public Works and the Bureau of Building Inspection.

### Detention Facilities:

The California State Health and Safety Code requires that local health departments provide inspectional services and reports to the State Board of Corrections on all detention facilities within their jurisdiction. A total of five detention facilities are operated by the City and County of San Francisco. They are, County Jails Nos. 1 and 3 (Hall of Justice Building), County Jails Nos. 2 and 4 (San Bruno) and City Jail (Hall of Justice Building).

The Bureau of Environmental Health Services inspects these facilities annually to determine compliance with standards and requirements prescribed by the State Board of Corrections, for the feeding, housing bedding and clothing of prisoners. Inspections are made by a member of the Bureau accompanied by a nutrition consultant from the Bureau of Disease Control and Adult Health. The function of the nutritionist is to ascertain whether the food served to the inmates is adequate and provides minimum dietary requirements.

This past year, the Bureau has been requested to provide additional jail inspections because of an unfavorable report of the County Jails by the Grand Jury, and the occurrence of a riot at County Jail #2 on February 25, 1973.

The Juvenile Detention Facilities, Youth Guidance Center, Log Cabin and Hidden Valley Ranches, are inspected at least once annually and sanitation reports are forwarded to the California Youth Authority.

### Residential Care for the Ambulatory Aged

The Bureau of Environmental Health Services in cooperation with the Department of Social Services, provides sanitation and safety inspections for "Residential Care Homes for the Ambulatory Aged". This service is rendered in those homes referred to the Bureau by Social Services to insure that the facilities are equipped and maintained

to provide a functional, sanitary, safe and comfortable environment for those being cared for. A total of 146 facilities are presently operating in the City and County of San Francisco.

#### Food Quality Control for City Institutions

An inspector of this Bureau devotes full time to the monitoring of meat and poultry sources that supply City institutions. The products are inspected to verify that they meet City Purchaser's contract specifications. Samples were collected for laboratory analysis in addition to periodic inspection of Vendor's plants. 1,276,963 pounds of food were supplied during the year. 53,266 pounds were rejected for failure to meet contract specifications.

#### San Francisco Recreation and Park Department

452 inspections were made and 1,008 samples were taken from City controlled beaches and swimming pools by the Bureau of Environmental Health Services. Bacteriological results obtained indicate that these facilities are adequately maintained.

#### San Francisco Water Department

1,226 samples were taken of both raw and treated water during this reporting period of the City's distribution system and reservoir outlets. This supplemented the Water Departments chemical and bacteriological monitoring program. This surveillance is required by State Law. No known water related diseases were reported during this period.

#### Services Performed for the State and Federal Agencies

##### State Department of Agriculture

Water and manufactured ice samples were collected for State licensed meat plants for evidence of bacteriological contamination. Information copies were provided for the local plant offices.

##### State Department of Rehabilitation

Sanitary inspections of food preparation and candy-counter type marketing activities operated by individuals certified by the Div-

#### State Department of Rehabilitation (continued)

ision of Business Enterprises for the Blind, State Department of Rehabilitation, were conducted during the year and issued "Non-Fee" permits. State law prohibits the assessment of fees to this type of establishment. Most of these activities are located in Government complexes.

#### State Department of Welfare

Fifty-seven initial inspections and forty-four follow-up inspections were made of Child Care Centers and pre-school or Day Nurseries on a referral basis. Licenses are issued by the State Department of Welfare based on the approval by this Bureau.

#### State Department of Public Health

Pursuant to State directives locally grown mussels are sampled to determine toxin levels. Signs are posted in the growing areas to inform the public of the hazards associated with eating mussels during the period from May 1 through October 1 each year. San Francisco is one of the twelve coastal counties which is involved in this quarantine. Water reclamation plants and recreational waters in beach areas were sampled for bacteriological analysis to determine levels of contamination.

This Bureau cooperated with the State in recall of foods allegedly contaminated with botulism. Several tons of food were quarantined or held pending investigation.

#### United States Public Health Service

Sanitary inspections of fixed facilities providing food catering services to interstate public carriers (airlines and bus lines) were made on referral from the United States Public Health Service and appropriate reports filed.

#### United States Environmental Protection Agency

Samples collected in cooperation with the National Air Surveillance Network were submitted to the appropriate laboratory of the Division of Atmospheric Surveillance in North Carolina. Chemicals that were monitored at the local level and analyzed at the City Laboratory included total oxidants and other hazardous pollutants.

BUREAU OF DISEASE CONTROL AND ADULT HEALTH



## BUREAU OF DISEASE CONTROL AND ADULT HEALTH

### Objectives

The Bureau of Disease Control and Adult Health undertakes probably some of the most interesting work in the Department. The Staff acts independently for the Department, as well as jointly with voluntary agencies, and with State and Federal public health organizations, on questions and projects with regional, national, and on occasion, even international ramifications. The Bureau Divisions work in three major areas of preventive medicine: Epidemiology and Communicable Disease, Occupational Health and Environmental Medicine, and Chronic Disease and Adult Nutrition. The Basic purpose of all three Divisions is the same: to protect the public by primary and secondary prevention of disease and disability.

### Interrelationships

The Bureau has general administrative responsibility for the Divisions of Tuberculosis and Venereal Disease Control. Both are essentially independently functioning units whose reports appear elsewhere. To carry out its multiple responsibilities, with limited staff, the Bureau works with and through the District Health Centers and most of the other service Bureaus, particularly the Microbiology Laboratory.

### Bureau Services

#### 1. Epidemiology and Communicable Diseases (60% Bureau Staff Time)

### Reports, Tabulations, and Records

The Bureau collects and prepares periodic tabulations of reportable disease notifications received from hospitals, laboratories, private physicians and public health clinics. The reports are known to be incomplete, - seriously so for some diseases. Complete notifications are essential for epidemiologic control, and the Bureau constantly urges upon clinical sources the importance of making these reports. During this report period 21,097 such reports were processed; however, they provide no satisfactory tool for estimating how many cases of disease were "prevented" by the work of the Bureau.

### Representative Units of Bureau Services

	<u>Fiscal Year</u>	1963	1972	1973
Travel Certificates		11,173	17,895	14,419
Morbidity Reports		9,979	20,855	21,097
Animal Bite Investigations		1,868	3,979	3,602
City Prison Examinations - VD		555	3,046	3,984
City Prison - General Medical		3,648	13,306	11,571
Infectious Hepatitis Prophylaxis		NA	1,573	1,091
Work Injury Reports		NA	1,756	1,931

Increasing numbers of travellers from foreign countries, and military personnel and refugees arriving from mainland Asia and the Far East war zone, are bringing unusual diseases to San Francisco with growing frequency. Imported cases of such local rarities as schistosomiasis from the Near East and typhoid fever from Mexico added to the surveillance activities required of the medical staff.

### Rabies Control

During the reporting period, 3,602 animal bites were monitored for control of rabies, and processed for surveillance, quarantine, or other indicated management of biting animal and the patient. The new animal control ordinance repealed Health Code sections dealing with control of biting dogs without legislating a substitute. This omission in control should be corrected.

### Immunization Certification

The Bureau is required by the United States Public Health Service and the WHO regulations to certify immunization certificates of vaccination for foreign travel. A fee of \$1.00 is charged for this service, to cover clerical costs, and in fiscal 1973, \$14,419 was collected, a decrease from the previous year. The decrease can be attributed to reduced immunization requirements of foreign travellers. The Bureau adds to this service health counseling for foreign travel, distributing health education materials and advising on general health safeguards for tourists.

### Tattoo Parlors

The Bureau supervises tattooing, and the absence, again, this year of any reports of infectious disease attributable to this source attests to the success of the surveillance program. The establishments are inspected by the Bureau of Environmental Health Services for general sanitation.



### Immunization Programs

The Bureau staff helped organize, administer and/or participate in a variety of immunization programs collectively reaching many thousands of individuals (approximately 8,000 - 9,000).

- a. Smallpox immunization for foreign travellers.
- b. Smallpox, cholera, and typhoid immunizations for travellers to Nicaragua subsequent to their major earthquake.
- c. Immune gamma globulin injections to contacts of infectious hepatitis.
- d. Special occupational health programs for City and County employees:
  - Department of Public Works: Sewer workers, and other high risk employees.
  - San Francisco Recreation and Park Department.
  - Health Department Microbiology Laboratory
  - City employees and retirees immunized against influenza and tetanus.
  - Other small groups and individuals.

### Malaria Surveillance; Epidemiological Rarities

As partial response to the challenge of imported communicable disease, the Bureau reports all known cases of malaria to the blood banks of the City. Most of these cases are known from reports of military personnel, sent by the Department of the Army. A number of interesting investigations were made on some diseases or disease contacts usually rare in San Francisco, such as typhoid fever, shigellosis, amebiasis, cholera, smallpox, various parasitic infestations; also schistosomiasis, meningitis, coccidioidomycosis, psittacosis, botulism and mussels poisoning. Outbreaks of diarrhea and dermatitis in four hospital nurseries and three pre-school centers during the year, required detailed epidemiological inspections of the technics employed, to find and control the causes of the outbreaks. The Bureau's responsibility for the control of communicable disease, as set forth in the State Health and Safety Code, may require that the staff initiate requests for increased budget allotments for equipment, vaccines, and personnel. These will be needed to carry out preventive measures against the growing challenges of formerly rare communicable diseases, imported now in growing numbers from abroad.

### City Prison Medical Services

The Bureau operates a "sick-call" at the City Prison six mornings per week, and annually evaluates health and medical services in all the detention facilities operated by the City and County.

#### 2. Occupational Health and Environmental Medicine (16% Bureau Staff Time)

The Division participated in programs on local, regional and statewide levels, the Division Chief representing the Department and the Bureau in a number of major roles and planning bodies.

In these capacities, the Division

- 1) reviewed and investigated appropriate cases from among almost 1,900 city-wide work-injury reports;
- 2) organized a program for health protection against infection with brucellosis among employees in the meat-packing industry;
- 3) maintained the health surveillance program and periodic medical examinations for more than 3,500 employees in the municipal hospitals;
- 4) continued to monitor reports on hospital and nursing-home safety from the State Department of Public Health; and made health and safety inspections in four hospitals;
- 5) consulted with the San Francisco Retirement System on review and revision of forms for occupational illness and injury reports required under the new Federal Occupational Safety and Health Act of 1971;
- 6) worked with the San Francisco Fire Department on a study to improve preventive services for heart disease and hypertension among their employees;
- 7) tested almost 1,000 children, ages 1-5, in the low-income areas of the City, for possible lead intoxication, in conjunction with Chemistry-Toxicology Laboratory;

- 8) wrote a manual for emergency medical management of poisonings possible in municipal employees exposed to risk, while handling over 200 different chemical substances in the course of their employment;
- 9) presented a day-long seminar on environmental health and safety, to a class of community health aides being trained for service in the Chinatown area;
- 10) participated in the annual health and safety inspection of the medical and health facilities in both the City and County Adult Detention institutions, and in the Youth Guidance Center and associated ranches;

### 3. Chronic Disease and Nutrition Service (24% Bureau Staff Time)

Although the Bureau is limited by staff and budget in its ability to mount programs in the control of chronic disease or to provide services to the elderly, it has made significant contributions to the community's well being. It does this by focusing attention on needs and assisting others to provide the service, organize programs and identify resources to accomplish these goals. "Others" may be other Department units or outside agencies.

1. The Bureau's activities of a consultative nature in assisting other Health Department units in providing services:
  - a. An Adult Screening Program was developed with District Health Center Staff, to identify early disease and referral for remedial services.
  - b. District Health Centers with general guidance from the Bureau have been able to provide glaucoma screening and podiatric services to the older population they serve.
  - c. The Bureau continues to administer a program screening females for cervical cancer in the Department's family planning clinics at District Health Centers, and the Veneral Disease Clinic. We assist other community agencies, such as "free clinics" in offering this service to their clients
  - d. We joined with the Bureau of Maternal and Child Health in designing the Department's Sickle Cell Anemia program implemented in the Districts.

2. Bureau staff expertise is called upon to assist other community groups, voluntary health or social agencies undertake programs serving the chronically ill and aging populations.
  - a. Joined with representatives of community agencies in establishing the San Francisco Area Planning Agency for the Aging and securing its initial funding under the Federal Older Americans Act. The Bureau has been active in the multiple planning activities of SFAPAA.
  - b. Continues with San Francisco Meals on Wheels Inc. to implement a portable meals program to serve all areas of San Francisco. We have assisted them in identifying outside sources of funding.
  - c. We assist the San Francisco Home Health Service in planning and administering a program which brings in-home services to the disabled and aging home-bound of San Francisco.
  - d. Bureau staff are directors or advisory members to numerous community groups serving a variety of needs of the chronically ill and aging, i.e. EOC'S Self Help for the Aging, San Francisco Commission on Aging, San Francisco Diabetes Association etc.

#### Nutrition Services

The efforts of the Adult Health Nutritionist are directed toward the various agencies that serve the older population. The services and programs of the Nutritionist are provided in one of two ways: 1)-those done in conjunction and consultation with the other team members of the Bureau and, 2)-those done essentially on own in conjunction with others working in the nutrition and/or health field. The Bureau's funds for materials, supplies and travel allowance are not yet adequate to meet current community demands for this program.

1. Those done in conjunction and consultation with other team members of the Bureau:
  1. Participation, consultation and implementation of the following:
    - a. Consultation and observation of the development and completion of a demonstration project with the San Francisco Department of Public Health and the San Francisco Nursing

Home Association. The Agencies secured a grant whereby a nutritionist was hired to develop a comprehensive program for Extended Care Facilities.

- b. Preparation of recommendations on the adequacy of the food allowance for people receiving general assistance. Research and recommendations done upon a request from the Department of Social Services.

2. Consultation and planning of food programs serving the senior citizen community:

- a. Meals on Wheels
- b. Congregate Feeding
- c. Alcoholic Rehabilitation Centers

3. Nutrition Consultation to Advisory Boards of local or Federal Programs:

- a. Regional
- b. San Francisco Comprehensive Health
- c. San Francisco Council of Churches
- d. Meals on Wheels

II. Those done essentially on own in conjunction with others working in the nutrition and/or health field:

1. Active participation and consultation in the following nutrition/health oriented committees in the San Francisco community:

- a. San Francisco Heart Association (Nutrition Committee)
- b. San Francisco Food Stamp Program (Nutrition Education Committee)
- c. Nutrition and Health Worker's Program
- d. Catholic Committee on Aging (Nutrition Committee)
- e. Diabetes Association of Northern California

2. Nutrition education provided to the following agencies:

- a. Senior Citizen Centers and their Annual Hobby Show.
- b. Para-professionals in the fields of nursing, health education and social work.
- c. Lectures in Adult Health and Nutrition for students at

the following campuses: U. C. at San Francisco, S. F. State College, S. F. City College, and the San Francisco Skills Center.

d. City College Food Center

3. Nutrition consultation and participation for food handling and food management workshops:

- a. Nursing Home Administrators
- b. Boarding Home Operators
- c. Nutrition and Health Workers
- d. Chef's Association of the Pacific Coast (Conducted course on Nutrition and Sanitation)

4. Educational materials developed, secured or promoted during the course of the year:

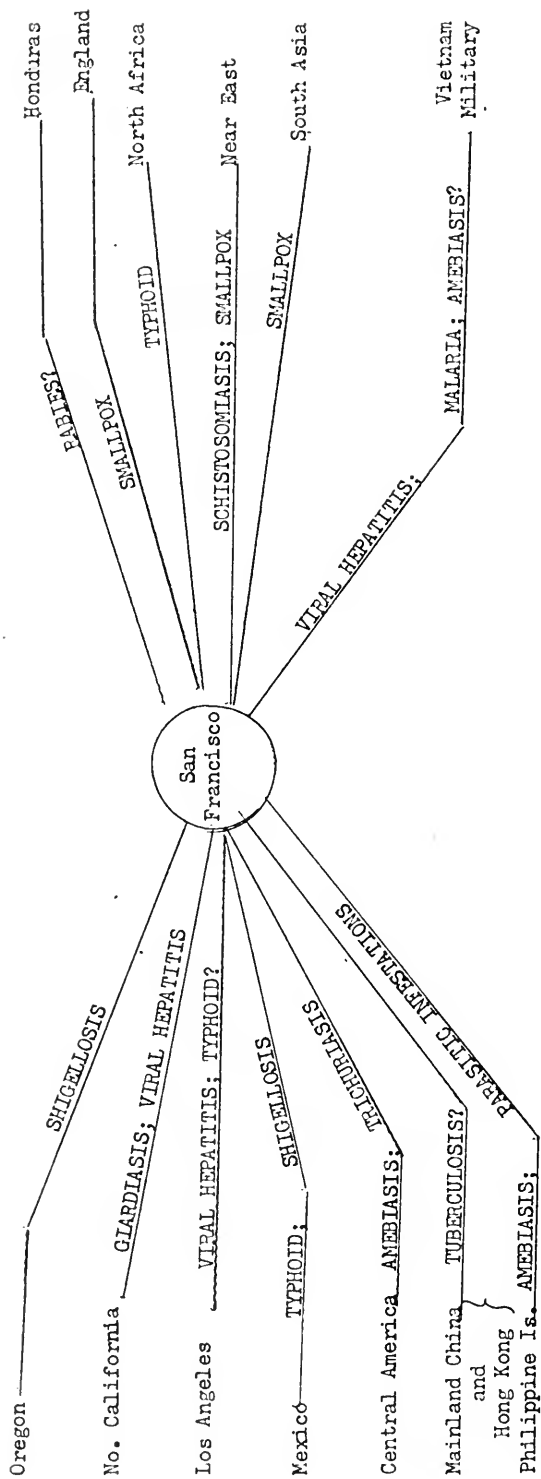
- a. Promotion of the Edu-Pack System secured by the Department for professional use. System consists of 16 cassette tapes, each of which contains 60 minutes of vital and current nutrition information. Approximately 25 professionals utilized this system.
- b. Developed two handouts:
  - 1) "Foods Not Requiring Refrigeration" - especially designed for use by Seniors living in the downtown hotels.
  - 2) "How to Use Powdered Milk for Low Cost Nutrients"
- c. Promoted the "Food Power" pamphlet, a booklet giving basic nutrition information that is geared mainly to low-income residents in San Francisco.

DIVISION OF TUBERCULOSIS CONTROL









Partial Range of Epidemiological  
Concerns in a Major Seaport  
San Francisco 1972-73

## DIVISION OF TUBERCULOSIS CONTROL

The function of the Division of Tuberculosis Control is to find cases of communicable or infectious tuberculosis, and to isolate and treat these cases so that the general public is protected. This function requires close cooperation and inter-relationship with all service bureaus of the Health Department.

The programs of the division revolve around case findings by skin test and X-ray survey. Once a case is found, the patient is isolated and treatment is started. Through the neighborhood chest clinics, the Division treats and follows patients whose financial situation precludes the use of private care.

A full scale preventive program by health education and chemoprophylaxis is being vigorously carried out. Early evaluation of results indicates that this is reducing the morbidity and reactivation of the disease. The physicians in the Chest Clinic act as consultants to private medicine.

### The Tuberculosis Problem

Tuberculosis is still a major problem in San Francisco, because of the number of newly reported cases in the elderly and newly arrived in the City. There were 290 new cases reported in 1972, with a case rate of 42.3/100,000 population, compared to 312 new cases and a case rate of 44.4/100,000 in 1971. Although the City rate is 2 1/2 times that of the State and the Nation, San Francisco ranks tenth in number and fifth in case rate among the "Big Cities."

The major factors responsible for the higher rate remain unchanged: A metropolitan seaport, and immigration and migration of ethnic groups from areas of high tuberculosis prevalence.

The following comparative figures are noted:

- I. Total number of new TB cases for first 26 weeks, in 1972 -- 150  
in 1973 -- 165
- II. Total number of inactive TB cases placed on prophylactic treatment

for the first 26 weeks, in 1972 -- 447 (including 344 aliens)  
in 1973 -- 496 (including 403 aliens)

All the above categories showed an increase in 1973 when compared to 1972 but the significance of these findings is not clearly understood at this time.

#### Programs to Meet the Problem

Case finding by X-ray among high risk groups continues to be highly productive. X-ray units are maintained in the Central Office, District Health Centers No. 4 and No. 5, and at the County Jail. A total of 46,495 films were taken, which revealed 34 cases of active tuberculosis and 18 cases of cancer of the lung.

Case finding through tuberculin skin testing of school age children was also productive. There were 1.7% positive reactors among first graders, 10.1% at seventh grade level and 7.5% at twelfth grade level. There were 3 primary Active cases found in the school children. Among the positive reactors, there were many persons new to San Francisco; immigrants from the Orient and South America.

Follow up of immigrants, referred by the Immigration authorities because of active or inactive tuberculosis, is another major program of the Chest Clinics. Many of these immigrants were not adequately or completely treated before entering this country and are a potential source of future infection. Therefore, they are re-evaluated and treated if necessary.

#### Treatment

Decentralized clinics were established in areas of high incidence to provide treatment on an ambulatory basis, out of hospital. The high cost of hospitalization makes it mandatory that the patient receive treatment on an outpatient basis as soon as his condition becomes "non-communicable."

During the past year at San Francisco General Hospital, it was possible to reduce the total number of beds of chest disease patients from 75 to 57, only 36 of which were for tuberculosis. This is in sharp contrast to the 604 beds needed in 1958.

Use of city wide neighborhood clinics resulted in a marked decrease in

disease reactivation among diagnosed cases, and fewer new cases due to control of infection. Acceptable chest clinics are essential to a successful Tuberculosis Control Program.



DIVISION OF VENEREAL DISEASE CONTROL





## DIVISION OF VENEREAL DISEASE CONTROL

### Statistical Report

	FISCAL YEARS				
	1955-56	1969-70	1970-71	1971-72	1972-73
Cases Diagnosed and Treated	1,492	17,228	17,928	*16,094	17,804
Primary & Secondary Syphilis	55	236	348	446	437
Other Syphilis	191	877	1,736	2,053	3,460
Gonorrhea	1,236	16,115	15,844	13,595	13,907
Completed Epidemiological Investigations	1,893	10,642	10,866	10,934	13,507
New Patients	4,325	20,294	20,987	20,028	19,737
Re-Admissions	2,311	13,403	15,197	15,944	17,676
Total Patient Visits	21,051	63,113	66,240	65,054	63,912
Laboratory Tests	22,749	89,661	98,751	95,693	102,388

\*This figure misrepresented in last year's report as 15,094

Fiscal Year 1972-73, almost equaled the high point of Venereal Disease cases diagnosed and treated in Fiscal Year 1970-71, after last year's temporary decline. As in many other metropolitan areas, San Francisco saw the leveling off of gonorrhea cases in Fiscal Year 1971, with a slight subsequent decline. The number of infectious primary and secondary syphilis cases continued at the high level of last year (a doubling of the preceding two years) which was a culmination of annual increases going back a decade. The increase in "other syphilis" is attributable to our success in syphilis epidemiology resulting in an increasingly large number falling into the Epidemiologic Syphilis Treatment diagnostic category.

The hiring of five new Disease Control Investigators through the Emergency

Employment Act mechanism during Fiscal Year 1972-73 compensated for other changes in Division staffing which were not implemented, such as vacancies in six permanent Disease Control Investigator positions during this report period. It is anticipated that the gap in staffing will be corrected in the next fiscal year allowing for improved epidemiology and other specialized services.

Community Education activities and the extent of community involvement in the Division's activities were significantly improved in Fiscal Year 1972-73. A federally funded joint project with the San Francisco Human Rights Commission for peer group education and employment of a fulltime Health Educator contributed greatly to this.

After years of developmental research and background studies regarding gonorrhea (many studies of which were carried out by the Division on a demonstration basis the past two years), the United States Public Health Service has dramatically increased available funding for Venereal Disease Control with major emphasis on gonorrhea. The Division was fortunate to attract a sizeable amount of funds for work to be performed in Fiscal Year 1973, as well as the promise of five years' federal support.

The major thrust of the expanded program will be to detect and treat asymptotically infected females, a service not available through regular funding sources. New services will be extended to the community throughout the Department and also through the major local health providers and private physicians. Moreover, new programs designed to create community awareness and support are already beginning. Further training of existing personnel for professional education activities geared to reach private practitioners and laboratories has been initiated.

Naturally, such an expansion of patient and community services calls for a commensurate expansion of personal energies in followup and other supportive activities. Division personnel are already extending their energies to work harder than ever before, and with further support through the assignment of additional personnel to the Division, the next years should become a landmark era for Venereal Disease Control in San Francisco.

BUREAU OF MATERNAL AND CHILD HEALTH



## BUREAU OF MATERNAL AND CHILD HEALTH

The Bureau of Maternal and Child Health is responsible for those programs in the Health Department dealing with the health of expectant mothers and preventive medical services for children from birth through school age, as well as the spacing of children and the prevention of unwanted pregnancy in women of childbearing age. Close working relationships exist with the Bureau of Disease Control, the Bureau of Public Health Nursing, and the District Health Centers. Close liaison is maintained with the public and private schools and with many public and private agencies.

### MATERNAL HEALTH

Women registered at San Francisco General Hospital for prenatal care are followed by Public Health Nurses in the District. A Public Health Nurse assigned to the prenatal clinic provides necessary liaison. Pregnant teenagers enrolled in the Special Services Project of the San Francisco Unified School District are given individual and group instruction by a Public Health Nurse funded by the MCH Categorical Allotment.

The Pregnancy Testing program is still on the increase. Pregnancy tests are done on site in the District Health Centers and thus women are counselled immediately depending on the outcome of the test and the wishes of the client - such as prenatal care vs. abortion for the woman with a confirmed pregnancy. Non-pregnant women obtain necessary information on birth control.

The Family Planning Program is also growing. At the close of Fiscal Year 1972/73 the Department operated 18 clinic sessions per week and a 19th clinic will be opening soon in the new fiscal year. Federal funds are continuing and Title IVa funds are also still available. Vasectomies are available to a limited number of patients through federal funds.

MCH-MR funds continued to pay for the Hemagglutination-Inhibition Test for the detection of antibodies to German Measles. Women who do not show antibodies, are given the vaccine. These funds expired June 30, 1973, but plans are under way to continue this service at

least for those enrolled in the Family Planning Clinics of the Department.

#### CHILD HEALTH CONFERENCES AND IMMUNIZATION CENTERS

Infants and pre-school children may obtain well-child supervision i.e. physical examination, some screening procedures, parent counseling, and immunizations in Child Health Conferences. Immunization Centers offer to children of all ages protection against diphtheria, pertussis, tetanus, measles, poliomyelitis, and German Measles. Tuberculin reactivity is tested regularly. Vaccine disbursed through the State Department of Public Health is also distributed without charge to various hospital clinics and freestanding clinics in the community.

#### CRIPPLED CHILDREN SERVICES

The Crippled Children Services Program continues to provide care to children with long-term severe handicapping conditions with high expenditures. There has been further liberalization within the eligible categories of diseases so that any child with real need of these services may be helped. The Standard Budget has finally been changed to reflect a more realistic "cost-of-living" level in relation to a family's financial eligibility. This will enable the Crippled Children Services Program to serve more of those who truly are medically indigent, i.e. whose finances do not meet the cost of long-term expensive medical care.

In the past year the Crippled Children Services case load has increased. The program is reaching more minority people who have become oriented to and are seeking medical care. The Medical Social Workers and the Medical Consultant work with other agencies, medical facilities, and with the School Department to offer resources, coordination, and to help develop needed programs within these disciplines.

#### SCHOOL HEALTH SERVICES, DIAGNOSTIC, AND SMALLPOX VACCINATION CENTER

The School Health program provides screening examinations designed to

find defects and to provide follow-up to correct such defects, in order that all school children may obtain the maximum benefit from the educational process. Examinations include physical examinations, screening for visual acuity, color vision, and for hearing defects. Children who do not pass the vision or hearing test may be further screened in the Eye and Ear Diagnostic Center. The Cardiac Diagnostic Center screens referred children with suspected heart defects. These services are available at no cost to the patient. Smallpox vaccinations for those needing them have been given in this Center during the past fiscal year.

The Central Health Committee composed of representatives from the San Francisco Department of Public Health, the San Francisco Unified School District, the Archdiocese of San Francisco, and the San Francisco Medical Society, meets monthly to determine and interpret procedures and policies for the operation of the School Health Program. Other community groups participate. On suggestion and recommendation from the Central Health Committee, School Health Aides were obtained through the Emergency Employment Act for a limited time.

### NUTRITION

The Nutritionist of the Bureau has been on loan to the Family Health Unit at San Francisco General Hospital; there she works with mothers and children in the area of sound nutritional practices. She also is active with various community groups as requested or needed.

The Supplemental Food Program continues, but is now administered by the Economic Opportunity Council of San Francisco under subcontract. Overall supervision rests with the Bureau of Maternal and Child Health. An average of nearly 7000 recipients (women and children) have been served monthly in the past 6 months.

### YOUTH GUIDANCE CENTER

All youngsters admitted to Youth Guidance Center are given a physical examination on admission by a physician. Minor illnesses and accidents are treated in the facility, while major illnesses or accidents are transferred to San Francisco General Hospital or occasionally to a private hospital, if the family carries appropriate insurance. In

Fiscal Year 1972/73 a total of 7754 physical examinations were performed and there were 1387 dental visits. There were 23 pregnant girls in the institution. A Public Health Nurse funded through the MCH Categorical Allotment is active in facilitating the necessary liaison between the institution and the community by follow-up of youngsters with health or other related problems. She has also been instrumental in health teaching of the girls while in the institution.

The Medical Advisory Committee has been meeting monthly proposing means of improving total health services for these youngsters. A search is now under way to find a qualified full-time Director of Health Services for Youth Guidance Center.

### SUMMARY AND RECOMMENDATIONS

In the last few years the birthrate has been dropping in San Francisco due to increased family planning services and liberalization of the abortion law. These facts are in keeping with some of the decreases seen in the Selected Statistics Table. The infant death rate in San Francisco has dropped from 20.3 per 1000 live births in 1967 to 15.8 per 1000 live births in 1972. In 1967 the premature rate was 85.6 per 1000 live births and in 1972 this had dropped to 54 per 1000 live births. One can conjecture that the drop in infant mortality and in prematures may be partially due to the availability of family planning services and abortions to those women who were previously contributing to the group of "unwanted" children. Needless to say, improved medical care and other services to the pregnant woman and the neonate have influenced these statistics for the better.

However, there are always areas of unmet needs and changing priorities. In the new fiscal year renewed efforts will be made to achieve the following goals:

- 1) To obtain funds to employ paraprofessionals to assist the Public Health Nurse in the school. This allows the Public Health Nurse to broaden her scope of activities and to assist parents more fully in attaining optimum health for their children.
- 2) To give more comprehensive services at Youth Guidance Center through the appointment of a full-time Medical Director.



- 3) To pool resources and efforts in the prevention of unwanted pregnancies and venereal disease in the teenager.
- 4) To develop and promote services to handicapped children under 3 years of age by infant stimulation and parent education.

SELECTED STATISTICS  
BUREAU OF MATERNAL AND CHILD HEALTH

	Fiscal Year 1971/72	Fiscal Year 1972/73
Child Health Conferences	1,362	1,125
Child Health Conference Attendance	16,766	13,701
Average per session	12.3	12.2
<hr/>		
Immunization Centers	300	262
Immunization Center Attendance	18,667	19,293
<hr/>		
D-P-T and TD Immunizations	10,102	8,572
*Cholera	-	267
German Measles Immunizations	2,795	1,294
Measles Immunizations	1,051	336
Combined Measles and German Measles Immunizations	705	1,232
Polio Immunizations	8,611	7,571
Smallpox Vaccinations	6,396	5,634
**Tuberculin Skin Tests	12,550	12,819
*Typhoid Immunizations	-	303
<hr/>		
Total Immunizations and Tests given in Child Health Confer- ences and Immunization Centers	42,210	38,028
<hr/>		
School Population	105,003	102,311
School Examinations - done by DPH Physicians	7,445	8,307
School Examinations - done by private Physicians	6,320	(not counted)
Children vision screened in school	34,770	38,775
Total number of tests administered	41,556	44,948
Tested for color vision	4,237	3,861
Children hearing screened in school	30,819	31,537
Total number of tests administered	33,194	33,034

Eye Center Attendance	2,103	1,769
Ear Center Attendance	341	301
Cardiac Center Attendance	70	62

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Family Planning Clinic Sessions	705	708
Family Planning Clinic Attendance	10,137	13,046
Pregnancy Tests	2,310	2,944

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\*Families going to Nicaragua  
after Earthquake in Managua

\*\*Exclusive of Tuberculin Tests  
done in schools



BUREAU OF DENTAL HEALTH



## BUREAU OF DENTAL HEALTH

The Dental Bureau has, as a general goal, the objective of providing an improved state of oral health to children in San Francisco. The short term goal is to minimize discomfort, and avert dental emergencies and extractions by restorative procedures. The long term goal is to provide each successive group of children with more and more decay-free teeth by a process of education and motivation. Restorative work is done at our clinic locations only. Dental health education is carried out both on an individual basis in the clinics and on a group basis in the schools and nursery schools.

### CARE PROGRAMS

Children who are residents of San Francisco and under 13 years of age are provided with dental services which include fillings, extractions, fluoride treatments, prophylaxis and steel crowns. Emergency treatment during clinic hours only, is provided for children over 13 years. Every attempt is made to refer patients to appropriate sources of care in cases which cannot be handled by the clinic.

### EDUCATIONAL PROGRAMS

A continuing program of dental health education is being carried out in the schools. During summer vacation, this activity is necessarily limited to the nursery schools. This program includes demonstrations, talks, films, film strips and in some instances, dental inspections by the visual screening method.

Dental students from the University of the Pacific and the University of California also carry out limited and selected projects in the public schools.

From time to time, other college students in related health fields are provided with literature and program information on dental health for their own selected educational projects.

### NEIGHBORHOOD YOUTH CORPS

The Dental Bureau has been involved in the work-training program of the Neighborhood Youth Corps by providing positions for some young people to work as auxiliary helpers in our clinics.

## ACTIVITIES OF THE BUREAU

Following is a brief tabulation of the activities of the Bureau for the fiscal year 1972-73:

<u>ACTIVITIES</u>	<u>NUMBER</u>
Patient visits	17,150
Fillings (all types)	19,815
Extractions	2,701
X-Rays	9,112
Prophylaxis	673
Fluoride treatments	614
Schools visited	65
Other treatments	8,491

## ORTHODONTIC SCREENING CLINICS

The clinical facilities of the Dental Bureau are used by the Crippled Childrens Service to perform their orthodontic screening program. This service provides a priority system for the orthodontic program for patients who have been referred by the various dental clinics.

## COMMUNITY DENTISTRY

The Bureau continues to participate in appropriate community activities by providing speakers and/or entire presentations upon request. A good example of this is exemplified by our providing various PTA groups in the city with program plans and material support for their dental programs if requested.

The Bureau also is available to provide dental screening for groups of school children of any age when asked to do so by teachers and/or school administrators. A majority of these requests come from the nursery schools and the results are extremely valuable in helping the teacher know what information to pass along to the parent.

## FUTURE PLANS

It is hoped that it will be possible, in the future, to further develop and expand our Dental Health Education Program. We feel that more emphasis and effort



should be given to the area of prevention. One way to accomplish this would be to initiate a Plaque Control Program where classes of 5 to 10 patients (with parents) could be taught the basics of proper oral hygiene. Motivation, (through peer pressure), reinforcement of training, and patient self-checks would be some of the advantages of such a program.



BUREAU OF PUBLIC HEALTH NURSING



## BUREAU OF PUBLIC HEALTH NURSING

The Bureau of Public Health Nursing is responsible for the provision of appropriate nursing services to meet the nursing needs of individuals and families as appropriate within the objectives of the various programs of the Department and for identifying the unmet needs of community groups which may require further program development or modification. It establishes and maintains standards of practice, commensurate with the different levels of preparation of nursing personnel to ensure a safe delivery of service. Through supervision and staff development programs, nursing functions are expanded and adjusted to more adequately respond to community health needs. Appropriate utilization of knowledge and skills of individuals requires a continual review of staffing patterns in relation to the defined goals of each district or service unit. Evaluation of individual performance and the effectiveness of nursing interventions is inherent in its responsibilities.

Responsibility for planning, organizing and directing the program of nursing activities and services in the district health centers has been carried by the three public health nurse administrators. They have also been responsible for making contacts with other health and community agencies to interpret health department nursing services, establish communication systems for the referral of clients, providing for continuity of care and determining unmet health needs.

### Current Activities

During the past year, attempts have been made to provide for more flexible assignment of nurses with special skills in meeting particular needs of community groups. Nursing administration encouraged the development of nurse practitioners courses at the University of California for the purpose of expanding nursing functions to more realistically respond to service demands. Two nurses were prepared as pediatric nurse practitioners and one as a maternity nurse practitioner. They function in collaboration with physicians and are prepared to perform physical examinations, interpret laboratory findings, take a detailed health history and make recommendations to the physician for care. This enables the nurse to be a more complete care provider, at the same time releasing the physician to provide more specific medical care. These nurses also participate in in-service education for other nursing staff, thus developing their capabilities for more relevant service.

It has not been possible to assign more nurses to San Francisco General Hospital, to provide counseling in the clinics and assess the need for home nursing, as previously planned. However, a survey of the liaison nursing activities in the in-patient service indicates that through adjustment of time, it may be possible to provide for this activity in the coming year.

Nursing administration has continued to be concerned about the appropriate utilization of nursing staff. A survey has just been completed on the allocation of nursing time. Nineteen per cent of public health nursing time is spent in clinics. This is an area where utilization of registered nurses and community health workers could release public health nurses for counseling, practitioner roles and to provide for unmet requests for in-home services.

Of the many and varied services of public health nurses, the visits to families and individuals in their homes has always been a unique contribution. Not only are referrals made by hospitals, clinics, physicians, social workers and friends, but nurses themselves frequently discover persons in dire need of health care who are unable or unaware of how to secure it. A number of reports have been brought to our attention of persons discharged from hospitals who were unable to manage at home without other supportive or nursing services.

The following tables reflect the number of visits by category of service and by age group. There was a ten percent drop in visits this year over 1971 and an 18% drop over 1970. This reflects the period when nursing positions were kept unfilled for reported economic reasons. For extended periods the number of unfilled positions remained between 14% and 16%, making it difficult to respond effectively to calls for service, since there has been no decrease in requests.

There is a need to revise the current staffing pattern in all units to bring it in line with the changing population and available staff. The survey just completed will be used as a base for establishing criteria for the distribution of nursing personnel. Requests for service, which are not being responded to at present, will also be examined in developing priority recommendations. Included in these are services to senior citizens, board and care homes, and school health services. Rotation of nurses on a temporary, as well as a routine basis, will need to be enunciated in a way that permits the Bureau to utilize staff to meet the most critical service requirements and to provide for staff development.

Participation on committees with other agencies has provided opportunity for nursing administration to keep services current and prevent duplication of efforts. Through the Nursing Education Committee of the San Francisco Consortium and the Service-Education Committee of the Bay Area, it has been possible to contribute to efforts to make basic nursing education more responsive to the true functions expected of nurses. Membership on the Advisory Committee of the Rehabilitation Project of the Heart Association and on the Utilization Review Committee of the Visiting Nurses Association has presented opportunities for modification of nursing programs.

#### Future Activities

The most immediate concern is a need to re-organize our approach to providing nursing services. The three public health nurse administrators will modify their responsibilities this Fall with the expectation that this will facilitate nursing involvement in planning and evaluation of program effectiveness. One administrator will be assigned responsibilities associated with Adult Health and Disease Control, the second to School Health and the third to all other Maternal and Child Health programs. They will consult with the various program directors and District Health Officers. In addition, they will be responsible for development and revision of policies and procedures, nursing services, and providing for orientation and in-service education programs for supervisors and staff. Together they will co-ordinate their efforts and establish priorities of concentration as necessary.

Statistical reports of nursing activities do not reflect the services provided. Another attempt will be made to develop significant measurements of activities based on measurable objectives which are currently being developed.

Number of Public Health Nursing Visits  
By Category of Service  
1968 through 1972

	Mater- nity	Health Super- vision	Tuber- culosis	Other Communi- cable Disease	Crippled Children	Mental Health	Chronic Illness
1968	17952	32866	16391	253	3823	3940	5236
1969	15707	27899	14436	299	2567	3267	3368
1970	14634	31417	13050	288	2532	4050	3235
1971	12337	31048	11126	350	2039	3014	2566
1972	9395	25312	14701	252	1674	2166	3170

Number of Public Health Nursing Visits  
By Age Group  
1968 through 1972

	1968	1969	1970	1971	1972
Under 1 year	12045	9796	9910	8918	6862
1 - 4	7274	5619	5883	5690	5271
5 - 19	22174	19357	19146	17502	15554
20 - 44	27955	25342	26017	23694	21007
45 - 64	6219	5004	5304	4931	4711
65 and over	4432	2914	2995	3334	3144



BUREAU OF HEALTH EDUCATION



## BUREAU OF HEALTH EDUCATION

Effective Health Education can bridge the gap between medical science and the use of health knowledge by the public. Health Education programs develop and provide information and experiences which attempt to motivate people to change their behavior with respect to health. Health Education services are:

1. Communication of Health Information. This is done through written materials, audio-visual services, use of mass media, speakers, etc.
2. Community Organizations. This is the process of working with community people to secure participation and support for health action.
3. Program Planning and Evaluation. There are educational aspects to most Health Department programs. Planning should include the setting of educational objectives and provide for evaluation of progress toward achieving program goals.
4. Consultation. Health Education consultation enables persons to plan, conduct and evaluate educational activities more effectively.
5. Training. Health Education activities help provide effective training experiences for staff, volunteers and other professional and lay groups.

## DEPARTMENTAL RELATIONSHIPS

The Health Education staff of the Department functions as an educational resource to other departmental personnel in the development and provision of health programs. Assistance is given to Bureau and Health Center staff by both consultation and direct services in connection with educational aspects of Health Department programs and in staff development programs.

### Weekly Bulletin

The Department's weekly publication on health problems in San Francisco, community health and safety hazards and various programs and services of

the Department is prepared for the Director of Public Health. Approximately 1,800 copies of this "Weekly Bulletin" are distributed to daily, weekly and monthly newspapers, radio and television stations, other health agencies, hospitals, libraries, private physicians and other health professionals, public and parochial school administrators, PTA officers, other community agencies and interested individuals and to staff and other City departments.

#### Mail and Information Services

The Department's mail is processed through this office; this includes U.S. Mail and the mail handled by the various messengers. The staff of the Bureau provides information to the public in person or by phone, which includes giving directions, referrals to the appropriate offices for service, and referrals to facilities and community agencies outside the Department.

#### Mimeographing Services

Duplicating services for Central Office are a joint responsibility of the Bureau of Health Education and District Health Centers Business Office. For the last fiscal year, 291 stencils were run, providing 210,403 pages of mimeographed material.

#### Audio-Visual Services

A loan library of motion pictures, filmstrips and slides on health and safety subjects is operated by the Bureau. The volume and use of this service for the last five years is as follows:

<u>Fiscal Year</u>	<u>Number of Requests for Films</u>	<u>Number of Film Showings</u>	<u>Total Attendance</u>
1968-69	511	859	31,170
1969-70	435	801	37,233
1970-71	657	1,306	38,209
1971-72	671	1,158	35,100
1972-73	755	1,279	37,132

The films are loaned to staff and are available for outside programs in San Francisco when Department personnel are involved.

Audio-visual equipment is maintained and loaned to staff, including equipment for projecting 16mm motion pictures, filmstrips with or without records, slides of various sizes, transparencies for overhead projection, opaque objects, as well as portable screens and tape recorders. Departmental personnel are given instruction on the operation of the equipment as needed. Advice and consultation is given on the appropriate selection and effective use of audio-visual educational materials and equipment.

#### Educational Materials

A file of reference materials on health and related subjects is maintained, and selected new reference materials are routed to appropriate personnel. Health education pamphlets and posters were evaluated, procured from both cost and free sources and made available to staff and the public. The Health Educators in the districts purchase materials for use by District Health Center staff through this Bureau.

#### Annual Reports

Assistance is provided in the production and distribution of the Department's Annual Report, as well as in the production of the annual Statistical Report.

#### Student Program

Health Education students from the Department of Health Education, California State University, San Francisco, were provided field work experience and supervision by the Department's Health Education staff. The students are now assigned both semesters of the school year. In addition, Health Education graduate students from the School of Public Health, University of California, Berkeley, are assigned to specific District Health Educators for field work on an intermittent basis.

#### Health Education in the Health Districts

Decentralized Health Education services in each of the five health districts are provided by a full-time professional Health Educator in each Health Center to coordinate educational activities at the district level. With the addition of another health education position in the budget for the next fiscal year, a second Health Educator will be assigned to one of the districts. The District Health Educator works under the administrative direction of the District Health Officer, with professional consultation

from the Chief, Bureau of Health Education. Health Education activities at the district level may be found in the Health Centers section of the Annual Report.

PUBLIC HEALTH MICROBIOLOGY LABORATORY





## PUBLIC HEALTH MICROBIOLOGY LABORATORY

### OBJECTIVES

The basic function of the Microbiology Laboratory is to furnish laboratory services in support of the various programs of the Health Department. The Laboratory works in close cooperation with other bureaus of the Department to provide diagnostic, consultative services in the areas of communicable disease, preventive medicine, and environmental health. The control of venereal disease and tuberculosis as well as other diseases of microbial origin requires diagnostic laboratory services. Laboratory tests that monitor the quality of water, milk and dairy products are important to the environmental health of the community.

The Laboratory also provides technical consultation and acts as a reference center for physicians, private clinical and hospital laboratories within the community. Training in microbiology is given to laboratory personnel in both the clinical and public health fields. Additionally, the Laboratory works toward developing, evaluating and standardizing new microbiological techniques.

### PRESENT PROGRAMS

#### COMMUNICABLE DISEASE CONTROL

##### Venereal Disease Control

Syphilis: Control depends, to a large extent, on the availability of accurate laboratory tests to physicians. The Laboratory provides the screening test (VDRL) services necessary for the conduct of Departmental programs and also provides direct service to all community physicians with specialized tests for syphilis (FTA-ABS and FADF).

In addition to diagnostic services, the Laboratory offers technical consultation to any other laboratory in the community providing these tests.

TABLE I  
NUMBER AND PERCENTAGE OF SYPHILIS  
SEROLOGY SPECIMENS EXAMINED BY SOURCE

	<u>Number</u>	<u>Percentage</u>
San Francisco City Clinic & City Prison	44,404	52.2
Private Physicians, Clinical & Hospital Laboratories	14,075	16.6
San Francisco General Hospital	9,258	10.9
Youth Guidance Center, Laguna Honda Hospital, etc.	7,535	8.9
District Health Centers	5,774	6.8
Civil Service Commission	<u>3,905</u>	<u>4.6</u>
TOTAL	84,951	100.0%

Gonorrhea: Over 32,000 additional patients were tested for gonorrhea through the support of federal project funds. This resulted in the detection of many more new cases of gonorrhea which otherwise would have gone undiagnosed.

TABLE II  
NUMBER AND PERCENTAGE OF GONORRHEA  
SPECIMENS EXAMINED BY SOURCE

	<u>Number</u>	<u>Percentage</u>
San Francisco City Clinic	40,335	49.7
Federal Project	32,691	40.3
District Health Centers	6,381	7.9
San Francisco City Prison	964	1.2
Youth Guidance Center	588	0.7
Other	<u>154</u>	<u>0.2</u>
TOTAL	81,113	100.0%

Examinations for venereal disease control (syphilis and gonorrhea) comprised 80% of all tests performed by this laboratory during the past year, and required 40% of total professional staff time.

## Tuberculosis Control

Microscopic, cultural and drug susceptibility testing services for tuberculosis were performed in support of the Division of Tuberculosis Control. The number of cultures referred for identification from private laboratories remained at a high level as a result of the awareness that Mycobacteria other than *Mycobacterium tuberculosis* are agents of tuberculosis-like disease. A battery of biochemical tests are employed to identify these disease causing agents. The laboratory provides consultation and training to community physicians and laboratory workers in this field and serves as a community reference laboratory.

Since 1962, a federally sponsored Special Tuberculosis Control Project Grant has provided funds for laboratory personnel and supplies to support laboratory examinations for Chest Clinic outpatients.

TABLE III

### NUMBER AND PERCENTAGE OF TUBERCULOSIS SPECIMENS EXAMINED BY SOURCE

	<u>Number</u>	<u>Percentage</u>
San Francisco Tuberculosis Survey (Chest Clinic, Private Physicians, Clinical & Hospital Labs)	3,457	64.8
San Francisco General Hospital	<u>1,880</u>	<u>35.2</u>
TOTAL	5,337	100.0%

### Other Communicable Disease Services

Laboratory services are provided which aid in the diagnosis of many additional diseases of microbial origin, such as infections caused by bacteria, parasites, fungi and viruses. An increasing number of these examinations are being performed. The Laboratory also serves as a reference center to which other Laboratories submit unusual specimens for identification.

TABLE IV

## LABORATORY EXAMINATION BY YEAR AND PROGRAM AREA

	<u>1968-69</u>	<u>1969-70</u>	<u>1970-71</u>	<u>1971-72</u>	<u>1972-73</u>
<u>Communicable Disease Control</u>					
<u>Venereal Disease</u>					
Syphilis	65,644	67,880	79,810	81,159	90,181
Gonorrhea	45,938	47,713	56,559	57,816	81,008
<u>Tuberculosis</u>					
Microscopic	7,840	7,614	7,185	6,753	4,843
Culture	8,544	8,155	7,630	7,127	5,265
Drug Susceptibility	906	932	778	770	782
<u>Others</u>					
Bacteriology	1,183	1,140	3,169	1,292	1,305
Mycology	*	*	*	38	30
Parasitology	318	312	277	395	354
Virology	*	*	*	4,903	5,830
<u>Environmental Health</u>					
Milk	26,167	25,379	23,964	17,221	16,077
Water	5,302	5,830	6,042	5,990	5,974
Food	86	89	270	186	86
Rim Count	1,552	1,512	1,410	1,335	1,713
Miscellaneous	580	630	470	1,236	1,260
<b>TOTAL EXAMINATIONS</b>	<b>164,060</b>	<b>167,186</b>	<b>187,564</b>	<b>186,221</b>	<b>214,708</b>

\*Mycology and Virology included with Bacteriology for these years.

TABLE V

NUMBER AND PERCENTAGE OF TOTAL LABORATORY EXAMINATION  
BY PROGRAM AREA

	<u>Number</u>	<u>Percentage</u>
<u>Communicable Disease Control</u>		
Venereal Disease	171,189	79.9
Tuberculosis	10,890	5.0
Other (Bacteriology, Mycology, etc.)	7,519	3.5
Sub-Total	<u>189,598</u>	<u>88.4</u>
<u>Environmental Health</u>		
Dairy and Health	16,077	7.5
Sanitation and Housing	7,773	3.6
Water	5,974	
Glass & Utensils	1,713	
Food	86	
Sub-Total	<u>23,850</u>	<u>11.1</u>
<u>Miscellaneous</u>		
Central Emergency, etc.	<u>1,260</u>	<u>0.5</u>
<b>TOTAL</b>	<b><u>214,708</u></b>	<b><u>100.0%</u></b>

## ENVIRONMENTAL HEALTH

### Dairy and Milk Services

The Laboratory provides the Division of Dairy and Milk Inspection with testing services for various milk products. These services include testing for the bacteriological antibiotic content of milk.

### Housing and Sanitation Services

The Laboratory provides services in the area of Housing and Sanitation for establishing the bacteriological quality of drinking, swimming pool and recreational waters, cleanliness of restaurant eating utensils, and the detection of harmful bacteria in food products.

Most of the laboratory services provided in Sanitation are financed through fees collected from milk producers, processors, and distributors, from restaurants and other operators licensed by the Department.

TABLE VI  
PERCENTAGE OF MICROBIOLOGIST  
TIME REQUIRED BY PROGRAM AREA

	<u>Percentage</u>
<u>Communicable Disease Control</u>	
Venereal Disease Control	40
Tuberculosis	23
Other (Bacteriology, Mycology, etc.)	<u>23</u>
	86
<u>Environmental Health</u>	
Dairy and Milk	7
Sanitation and Housing	<u>7</u>
	14
	<u><u>100%</u></u>
TOTAL	



PUBLIC HEALTH CHEMISTRY LABORATORY





## PUBLIC HEALTH CHEMISTRY LABORATORY

### PURPOSE AND OBJECTIVES

The role of the Chemistry Laboratory is to provide reliable analytical and diagnostic support for the various programs of the Health Department for the people of the City and County of San Francisco. This work is implemented through the various bureaus of the department, mainly the Inspection Bureau (Environmental Health and Milk and Dairy), Bureau of Disease Control and Adult Health, Community Mental Health Services which includes the Acute Detoxification Unit, Methadone Maintenance Program, and the Hospital Services (San Francisco General Hospital, Emergency Hospitals, Laguna Honda Hospital). It serves other City and County Departments such as Police, Purchasing, Water, Youth Guidance Center, and the Unified School District. Technical consultation and laboratory studies and services are provided on request for a variety of governmental and private laboratories, agencies and departments. These include the California Highway Patrol, Veterans Administration Hospital and the Society for the Prevention of Cruelty to Animals. The Chemistry Laboratory has served as referee in court cases being tried in surrounding Bay Area Counties, and is on the referee list of Association of Official Analytical Chemists.

In addition, the laboratory helps to administer laws and regulations relating to Public Health as set forth in Codes of the City and County of San Francisco, the State of California and the Federal Government. Aid is given official law enforcement agencies by making available services relating to forensic chemical problems. An important part of this work is testifying as expert witness in courts by law.

The Chemistry Laboratory is thus responsible for providing reliable chemistry services to the physicians, courts, and the people of San Francisco and surrounding areas. Maintaining the reliability of such services is critically important to the public health and safety. We share these responsibilities with other bureaus in implementing departmental programs.

### PRESENT PROGRAM

The following table reflects most of the work performed in the preceding year. A total of 9781 samples were received and 95,474 tests were

performed on those samples. The chemistry laboratory also carried out a special studies project with some personnel assistance from the Mission Methadone Project in the fall of 1972. A total of 2918 samples were received and 43,763 tests were performed on these samples. The table below summarizes what type of work is carried out by the laboratory but does not reflect the hours spent in research, development and standardization of methodology as related to tests performed.

<u>Group</u>	<u>No. of Samples</u>	<u>Tests Performed</u>
Biological specimens for toxicology	5,273	69,445
Stomach contents for toxicology	549	7,022
Drugs	71	416
Sobriety Tests	901	6,661
Meats, Processed and Ground	291	1,698
Waters	523	3,394
Air Samples	584	1,046
Milk & Milk Products	1,447	3,885
Miscellaneous Foods (Canned, Salvage foods, food poisonings, etc.)	85	1,308
Miscellaneous Products other than foods (paints, chemicals, solutions, etc.)	57	599

The problem of toxicology has become a daily hazard for the average citizen who must rely upon the doctors and the laboratory for early diagnosis. As toxicology is pressed by a new reality of expanding narcotic and drug abuse added to long-standing problems of accidental poisonings, occupational hazard, and alcoholism, the need for re-thinking toxicology within the Public Health Chemistry Laboratory's useful time frame takes on a sense of urgency as can be noted from the above table. Toxicology (Forensic, Clinical and Industrial) now assumes 85% of the chemists time in the number of tests performed, where as routine public health chemistry such as work on milk and milk products, water, processed and ground meats, air samples, and miscellaneous chemical analysis constitutes the remaining 15% of our services to the community.

Specific identification and quantitative determination is the service provided. This includes isolation and purification from body fluids and then evaluation and interpretation of those analytical results. Consultation service concerning lethal doses, proper antidotes indicated, composition

and properties of particular poisons are also given upon request.

Of these toxicological specimens analyzed for ingested poisons, taken either accidentally or with suicidal intent among adults (over eighteen years of age), barbiturates are found in greatest frequency. Among children, however, economic poisons (household poisons, pesticides, rodenticides, etc.) are most common with various over-the-counter drugs, especially aspirin, second. Ingestions by adults are mainly the result of suicidal intent, the patient arriving at the hospital in a stupor or in coma. These cases generally involve barbiturate ingestion, and very often in combination with ethyl alcohol. However, there are a number of new drugs which can also cause coma, and this makes it essential for the laboratory to be well informed in order to assist doctors in their diagnosis with fast and accurate screening of body fluid for the toxic material.

#### FUTURE SERVICES AND PLANS

1. In conjunction with the Bureau of Disease Control and Adult Health and the Bureau of Environmental Health Services, the laboratory plans to expand work to resolve industrial health problems in the City and County of San Francisco. Immediate needs involve work and services for sampling and analysis of various industrial poisons, such as carbon monoxide, lead, arsenic, mercury, copper and other environmental health hazards. The laboratory has its program of blood-lead level, using microliter samples of blood from pre-school children, in full operation. Expansion in the other phases of the program is planned. To fully implement this, an essential flameless and cold flame accessory attachment to our Atomic Absorption Spectrophotometer will be most helpful.
2. To continue the development of methods for the testing of biological fluids for drugs of abuse and other substances of toxicological interest on the UV-Visible Spectrophotometer, just purchased, and also by the Gas Chromatograph, being ordered.
3. The relocation of the Toxicology-Chemistry is imminent as the construction of new hospital continues on schedule. As the building now housing the laboratory is destined for demolition upon the completion of the new hospital, a plan for a permanent relocation, to one of the floors in Building 30 or 40, should be started immediately.



## APPENDIX



Department of Public Health - Central Office Bureau  
Other Than Personal Services Account

<u>Account Number</u>	<u>1972-73 Budget Allowance</u>	<u>Adjustment</u>	<u>1972-1973 Adjusted Allowance</u>	<u>Expended and Encumbered</u>	<u>Balance</u>
<u>Accounting</u>					
2.511.200.000	155	--	155	--	155
2.511.300.000	400	--	400	403	(3)
2.511.400.000	849	--	849	816	33
2.511.900.000	266324	(9000)	257324	244830	12494
<u>Administration</u>					
2.513.200.000	152873	26300	179173	175699	3474
2.513.216.000	3000	--	3000	3000	--
2.695.231.513	--	7969	7969	7969	--
2.513.267.000	70000	(70000)	--	--	--
2.513.267.001	8000	(4000)	4000	4000	--
2.513.267.002	--	6000	6000	6000	--
2.513.267.003	3000	(300)	2700	--	2700
2.513.267.004	15000	--	15000	15000	--
2.513.267.005	--	6600	6600	6600	--
2.513.267.011	--	4000	4000	4000	--
2.513.267.013	--	5000	5000	5000	--
2.513.267.014	--	7000	7000	7000	--
2.513.267.015	--	13000	13000	13000	--
2.513.267.016	--	5000	5000	5000	--
2.513.267.018	--	5000	5000	5000	--
2.513.267.027	--	100	100	100	--
2.513.269.000	46282	--	46282	46282	--
2.513.300.000	6000	169	6169	5890	279
2.513.365.000	250	--	250	34	216
2.513.368.000	2500	--	2500	2500	--
2.513.400.000	60	--	60	49	11
2.513.476.000	100	--	100	34	66
2.513.800.000	38800	(300)	38500	34718	3782
2.513.999.000	--	25738	25738	25422	316
2.513.999.815	--	300	300	300	--
<u>Microbiology Lab.</u>					
2.517.200.000	838	--	838	836	2
2.517.300.000	2308	--	2308	2330	(22)
2.517.365.000	10000	--	10000	9115	885
2.517.368.000	11000	--	11000	10596	404
2.517.400.000	8850	--	8850	8208	642
2.518.999.000	--	1636	1636	1316	320

Department of Public Health - Central Office Bureau  
Other Than Personal Services Accounts

<u>Account Number</u>	<u>1972-73 Budget Allowance</u>	<u>Adjustment</u>	<u>1972-73 Adjusted Allowance</u>	<u>Expended and Encumbered</u>	<u>Balance</u>
<u>Chemical Lab.</u>					
2.519.200.000	450	---	450	273	177
2.519.300.000	330	---	330	311	19
2.519.365.000	900	40	940	912	28
2.519.368.000	850	310	1160	1016	144
2.519.400.000	100	---	100	95	5
 <u>Maternal &amp; Child Health</u>					
2.521.200.000	990	150	1140	1019	121
2.521.203.000	400	---	400	375	25
2.521.267.000	475000	---	475000	465979	9021
2.521.300.000	1050	---	1050	975	75
2.521.367.000	1600	---	1600	1600	---
2.521.400.000	536	---	536	343	193
2.521.999.000	---	1899	1899	1632	267
2.522.999.000	---	110848	110848	110465	383
 <u>Disease Control</u>					
2.525.200.000	15369	---	15369	15277	92
2.525.203.000	250	---	250	134	116
2.525.300.000	1210	---	1210	1089	121
2.525.365.000	350	---	350	325	25
2.525.368.000	450	---	450	450	---
2.525.400.000	---	---	---	---	---
2.525.999.000	---	16611	16611	13413	3198
 <u>Dental Services</u>					
2.529.200.000	803	---	803	453	350
2.529.203.000	600	---	600	597	3
2.529.300.000	1400	250	1650	1494	156
2.529.365.000	7500	1200	8700	8345	355
2.529.368.000	1400	(600)	800	433	367
2.529.400.000	1000	---	1000	874	126



Department of Public Health - Central Office Bureau  
Other Than Personal Services Accounts

Account Number	1972-73 Budget Allowance	Adjustment	1972-73 Adjusted Allowance	Expended and Encumbered	Balance
<u>Environmental Health</u>					
2.531.200.000	3762	90	3852	3790	62
2.531.200.000	1100	250	1350	1341	9
2.531.203.000	15000	---	15000	14935	65
2.531.203.010	2000	---	2000	1810	190
2.531.216.000	4800	---	4800	4800	---
2.531.216.010	150	---	150	150	---
2.531.300.000	10095	95	10190	8771	1419
2.531.365.000	480	---	480	350	130
2.531.300.001	---	500	500	---	500
2.531.300.010	3075	(138)	2937	2329	608
2.531.365.010	112	(112)	---	---	---
2.531.400.001	9768	---	9768	---	9768
 <u>Juvenile Court - Medical</u>					
2.533.300.000	800	---	800	638	162
2.533.365.000	900	(20)	880	428	452
2.533.368.000	2500	---	2500	2200	300
2.533.400.000	175	20	195	195	---
 <u>Health Centers</u>					
2.535.200.000	9445	2000	11445	10410	1035
2.535.203.000	11500	---	11500	10094	1406
2.535.216.000	900	---	900	900	---
2.535.300.000	13785	1450	15235	15026	209
2.535.365.000	8000	150	8150	7894	256
2.535.368.000	27050	(3300)	23750	23810	(60)
2.535.400.000	2751	---	2751	2504	247
2.535.800.000	1128	---	1128	1080	48
 <u>Health Education</u>					
2.537.200.000	335	(120)	215	182	33
2.537.300.000	3250	220	3470	3453	17
2.537.400.000	100	---	100	98	2

Department of Public Health - Central Office Bureau  
Other Than Personal Services Accounts

<u>Account Number</u>	<u>1972-73 Budget Allowance</u>	<u>Adjustment</u>	<u>1972-73 Adjusted Allowance</u>	<u>Expended and Encumbered</u>	<u>Balance</u>
<u>Public Health Nursing</u>					
2.539.200.000	10381	(8000)	2381	878	1503
2.539.200.001	8000	3000	11000	11000	---
2.539.203.000	50	---	50	9	41
2.539.216.000	100	---	100	100	---
2.695.231.539	---	33626	33626	33626	---
2.539.300.000	900	(50)	850	625	225
2.539.365.000	50	---	50	---	50
2.539.389.000	10000	(8000)	2000	1196	804
<u>Statistics</u>					
2.541.200.000	6975	3000	9975	9891	84
2.541.300.000	4440	100	4540	4483	57
2.541.400.000	1800	---	1800	1124	676
<u>Tuberculosis Control</u>					
2.543.200.000	4606	---	4606	4339	267
2.543.203.000	300	---	300	297	3
2.543.300.000	1115	---	1115	769	346
2.543.300.010	700	---	700	722	(22)
2.543.365.000	300	---	300	187	113
2.543.365.010	2000	---	2000	1876	124
2.543.367.000	13000	---	13000	10550	2450
2.543.368.000	6500	---	6500	5538	962
2.543.368.010	10000	---	10000	9982	18
2.543.400.000	1060	---	1060	817	243
2.543.800.010	2320	---	2320	2320	---
2.543.999.001	---	2000	2000	2000	---
<u>Venereal Disease Control</u>					
2.545.200.000	1939	---	1939	1318	621
2.545.203.000	1500	---	1500	762	738
2.695.231.545	---	2164	2164	2164	---
2.545.300.000	3220	500	3720	3613	107
2.545.365.000	7300	(500)	6800	6655	145
2.545.368.000	9000	---	9000	8430	570
2.545.400.000	410	---	410	250	160
2.545.800.000	10900	---	10900	10800	100
2.545.999.000	---	137310	137310	112172	25138
Total Central Office	<u>1410954</u>	<u>327155</u>	<u>1738109</u>	<u>1644607</u>	<u>93502</u>

Department of Public Health - Emergency Hospitals  
Other Than Personal Service Accounts

<u>Account Number</u>	<u>1972-1973 Budget Allowance</u>	<u>Adjustment</u>	<u>1972-1973 Adjusted Allowance</u>	<u>Expended &amp; Encumbered</u>	<u>Balance</u>
2.551.200.000	8945 .	4250.	13195.	12701.	494.
2.551.216.000	22163.	1950.	24113.	24113.	0.
2.695.231.551	0.	3521.	3521.	3521.	0.
2.551.300.000	12490.	0.	12490.	12676.	(186.)
2.551.365.000	12000.	0.	12000.	11915.	85.
2.557.368.551	6000.	0.	6000.	5855.	145.
2.551.383.000	3000.	0.	3000.	1197.	1803.
2.551.389.000	200.	0.	200.	150.	50.
2.551.400.000	32575.	0.	32575.	32266.	309.
2.551.200.610	0.	1750.	1750.	1750.	0.
2.551.216.610	0.	10000.	10000.	0.	10000.
2.551.400.610	0.	522934.	522934.	435549.	87385.
 Total Emergency Hospitals	 97373.	 544405.	 641778.	 541693.	 100085.

Department of Public Health - Hassler Hospital  
Other Than Personal Service Accounts

<u>Account Number</u>	<u>1972-1973 Budget Allowance</u>	<u>Adjustment</u>	<u>1972-1973 Adjusted Allowance</u>	<u>Expended &amp; Encumbered</u>	<u>Balance</u>
2.553.200.000	1651.	650.	2301.	2100.	201.
2.553.300.000	2500.	(758.)	1742.	1583.	159.
2.695.231.553	0.	6666.	6666.	6666.	0.
2.553.800.000	7000.	403.	7403.	7300.	103.
2.553.216.000	200.	0.	200.	200.	0.
Totals Hassler Hospital	11351.	6961.	18312.	17849.	463.

Department of Public Health - Laguna Honda Hospital  
Other Than Personal Service Accounts

<u>Account Number</u>	<u>1972-1973 Budget Allowance</u>	<u>Adjustment</u>	<u>1972-1973 Adjusted Allowance</u>	<u>Expended &amp; Encumbered</u>	<u>Balance</u>
2.555.200.000	109519.	(3000.)	106519.	103942.	2577.
2.695.231.555	0.	127048.	127048.	127048.	0.
2.555.300.000	120015.	13422.	133437.	127900.	5537.
2.555.216.000	2500.	1475.	3975.	3975.	0.
2.555.365.000	85000.	0.	85000.	82539.	2461.
2.555.367.000	7200.	0.	7200.	6121.	1079.
2.555.368.000	165000.	0.	165000.	161222.	3778.
2.555.383.000	135000.	(7500.)	127500.	125344.	2156.
2.555.389.000	525000.	(13500.)	511500.	531580.	(20080.)
2.555.390.555	183000.	(2954.)	180046.	180046.	0.
2.555.400.000	75031.	0.	75031.	56425.	18606.
2.555.476.000	550.	0.	550.	449.	101.
 Totals Laguna Honda Hospital	 1407815.	 114991.	 1522806.	 1506591.	 16215.

Department of Public Health - San Francisco General Hospital  
Other Than Personal Services Accounts

<u>Account Number</u>	<u>1972-73 Budget Allowance</u>	<u>Adjustment</u>	<u>1972-73 Adjusted Allowance</u>	<u>Expended and Encumbered</u>	<u>Balance</u>
2.557.200.000	755046	(94690)	660356	651167	9189
2.557.200.001	-	206000	206000	206000	-
2.557.203.000	450	-	450	-	450
2.557.216.000	2300	510	2810	2808	2
2.695.231.557	-	218102	218102	218102	-
2.557.267.001	-	2723068	2723068	2723072	(4)
2.557.300.000	220070	(250)	219820	220414	(594)
2.557.365.000	620000	-	620000	602985	17015
2.557.367.000	215000	-	215000	211683	3317
2.557.368.000	915000	-	915000	903240	11760
2.557.368.002	50000	-	50000	49969	31
2.557.383.000	120000	-	120000	111250	8750
2.557.389.000	365000	-	365000	362232	2768
2.555.390.557	115000	13208	128208	118101	10107
2.557.400.000	914616	1384	916000	527388	388612
2.557.400.010	-	238779	238779	238779	-
2.557.476.000	5000	-	5000	4977	23
2.557.900.000	18943	-	18943	18373	570
2.557.200.610	-	15000	15000	15000	-
2.557.368.610	-	202000	202000	202000	-
2.557.383.610.010	-	17000	17000	17000	-
2.557.368.610.020	-	50000	50000	50000	-
2.557.500.000	23500	11932	35432	35432	-
2.557.500.610	-	17400	17400	17400	-
 Total San Francisco General Hospital	 <u>4339925</u>	 <u>3619443</u>	 <u>7959368</u>	 <u>7507372</u>	 <u>451996</u>

Department of Public Health - Community Mental Health Services  
Other Than Personal Services Accounts

<u>Account Number</u>	<u>1972-73 Budget Allowance</u>	<u>Adjustment</u>	<u>1972-73 Adjusted Allowance</u>	<u>Expended and Encumbered</u>	<u>Balance</u>
<u>Convalescent Care</u>					
2.575.200.020	20896	15755	36651	12029	24622
2.575.203.020	470	455	925	544	381
2.575.300.020	4900	2880	7780	4583	3197
2.575.365.020	3000	--	3000	2718	282
2.575.368.020	12000	3000	15000	8719	6281
2.575.389.020	45000	35000	80000	71614	8386
2.575.400.020	1755	1618	3373	2357	1016
<u>Themis House</u>					
2.575.200.030	1010	440	1450	864	586
2.575.203.030	200	65	265	197	68
2.575.300.030	1985	1452	3437	2777	660
2.575.365.030	--	25	25	--	25
2.575.368.030	--	--	--	--	--
2.575.389.030	20000	10000	30000	--	30000
2.575.400.030	1085	4220	5305	4893	412
2.575.800.030	30000	27250	57250	52612	4638
<u>Sixth Street</u>					
2.575.200.040	--	770	770	362	408
2.575.203.040	--	300	300	--	300
2.575.300.040	--	1800	1800	1335	465
2.575.365.040	--	50	50	--	50
2.575.389.040	--	3000	3000	3000	--
2.575.400.040	--	620	620	530	90
2.575.800.040	--	34480	34480	31800	2680
<u>Outpatient Clinic</u>					
2.575.200.050	--	13452	13452	1000	12452
2.575.203.050	--	465	465	--	465
2.575.300.050	--	3760	3760	--	3760
2.575.365.050	--	150	150	--	150
2.575.368.050	--	1000	1000	--	1000
2.575.389.050	--	300	300	--	300
2.575.400.050	--	1992	1992	1840	152
2.575.800.050	--	19190	19190	4686	14504

Department of Public Health - Community Mental Health Services  
Other Than Personal Services Accounts

<u>Account Number</u>	<u>1972-73 Budget Allowance</u>	<u>Adjustment</u>	<u>1972-73 Adjusted Allowance</u>	<u>Expanded and Encumbered</u>	<u>Balance</u>
<u>Mental Health Centers - Cont'd</u>					
2.567.365.030	900	4000	4900	1035	3865
2.567.365.060	450	1350	1800	430	1370
2.567.365.070	675	1125	1800	614	1186
2.567.368.020	17000	5000	22000	22000	--
2.567.368.021	--	50	50	--	50
2.567.368.030	20000	28000	48000	46472	1528
2.567.368.060	26000	49100	75100	39310	35790
2.567.368.070	30000	5642	35642	32857	2785
2.567.389.020	4000	3800	7800	7403	397
2.567.389.030	8500	21500	30000	29631	369
2.567.389.060	14000	7750	21750	12238	9512
2.567.389.070	33000	12820	45820	38291	7529
2.567.400.020	964	6345	7309	5850	1459
2.567.400.021	--	370	370	280	90
2.567.400.030	925	36866	37791	29701	8090
2.567.400.060	986	40155	41141	38018	3123
2.567.400.070	1204	1981	3185	2702	483
2.567.800.020	--	45720	45720	43990	1730
2.567.800.021	--	25	25	--	25
2.567.800.030	38000	67600	105600	65640	39960
2.567.800.060	58056	122044	180100	119170	60930
2.567.800.070	85450	(28030)	57420	54953	2467
2.567.900.020	--	3000	3000	3000	--
2.567.900.021	--	4644	4644	2644	2000
2.567.900.030	--	3550	3550	3550	--

Alcoholism

Administration

2.575.200.000	876	25826	26702	286	26416
2.575.203.000	400	295	695	584	111
2.575.267.000	350000	25000	375000	163774	211226
2.575.300.000	700	1040	1740	1023	717
2.695.231.575	--	900	900	900	--
2.575.400.000	900	2112	3012	2583	429
2.575.800.000	6000	6180	12180	5300	6880
2.575.999.000	--	76244	76244	72337	3907



Department of Public Health - Community Mental Health Services  
Other Than Personal Services Accounts

<u>Account Number</u>	<u>1972-73 Budget Allowance</u>	<u>Adjustment</u>	<u>1972-73 Adjusted Allowance</u>	<u>Expended and Encumbered</u>	<u>Balance</u>
<u>Child Psychiatric Clinic - M.R., Cont'd</u>					
2.565.368.010	50	100	150	--	150
2.565.400.010	310	1139	1449	1442	7
2.565.800.010	16140	( 5460)	10680	10680	--
<u>Institutional Services</u>					
<u>Administration</u>					
2.567.200.000	160	500	660	721	( 61 )
2.567.203.000	--	--	--	--	--
2.567.300.000	400	540	940	871	69
2.567.389.000	--	500	500	--	500
2.567.400.000	--	1230	1230	756	474
<u>Mental Health Centers</u>					
2.567.200.020	3535	3975	7510	6353	1157
2.567.200.021	--	350	350	52	298
2.567.200.030	4534	27126	31660	14978	16682
2.567.200.060	1758	28127	29885	19644	10241
2.567.200.070	6810	1865	8675	8195	480
2.567.203.020	200	3000	3200	889	2311
2.567.203.021	--	2100	2100	983	1117
2.567.203.030	200	3600	3800	511	3289
2.567.203.060	200	1550	1750	277	1473
2.567.203.070	200	300	500	101	399
2.567.216.030	--	400	400	400	--
2.567.216.060	--	1000	1000	1000	--
2.567.267.020	650000	( 493199)	156801	135380	21421
2.567.267.030	--	744700	744700	500302	244398
2.567.267.060	--	226396	226396	226317	79
2.567.267.070	160000	756045	916045	705240	210805
2.567.267.080	--	276579	276579	161338	115241
2.567.300.020	3050	5642	8692	8242	450
2.567.300.021	--	1016	1016	946	70
2.567.300.030	5650	12574	18224	16293	1931
2.567.300.060	4305	14709	19014	12063	6951
2.567.300.070	8000	5020	13020	9870	3150
2.567.365.020	300	2700	3000	332	2668

Department of Public Health - Community Mental Health Services  
Other Than Personal Services Accounts

<u>Account Number</u>	<u>1972-73 Budget Allowance</u>	<u>Adjustment</u>	<u>1972-73 Adjusted Allowance</u>	<u>Expended and Encumbered</u>	<u>Balance</u>
<u>Administration</u>					
2.561.200.000	70815	333035	403850	290676	113174
2.561.200.010	1185	-	1185	1068	117
2.561.200.020	9075	(8000)	1075	1075	-
2.561.267.001	-	68248	68248	68248	-
2.561.267.002	-	90948	90948	90948	-
2.561.267.003	-	37500	37500	37500	-
2.561.267.004	-	65570	65570	65570	-
2.561.267.005	-	30250	30250	30250	-
2.561.267.006	-	131250	131250	131250	-
2.561.267.007	-	120000	120000	120000	-
2.561.267.008	-	44000	44000	44000	-
2.561.267.009	-	1904100	1904100	1904100	-
2.561.267.000	7178877	(2257334)	4921543	4129968	791575
2.561.203.000	350	50	400	132	268
2.561.261.000	400	-	400	400	-
2.561.216.000	200	-	200	200	-
2.561.300.000	10900	3280	14180	9282	4898
2.561.400.000	970	8652	9622	9398	224
2.561.476.000	700	(400)	300	296	4
2.561.500.000	-	-	-	-	-
2.561.999.001	-	4722	4722	1480	3242
2.564.999.000	-	63161	63161	16561	46600
<u>Center for Special Problems</u>					
2.563.200.000	3130	5353	8483	6411	2072
2.563.203.000	-	750	750	57	693
2.563.300.000	2830	536	3366	2456	910
2.563.365.000	370	130	500	141	359
2.563.368.000	23000	(443)	22557	15550	7007
2.563.400.000	-	5402	5402	4521	881
2.563.476.000	-	250	250	205	45
2.563.800.000	29475	4020	33495	33320	175
<u>Child Psychiatric Clinic - M.R.</u>					
2.565.200.010	831	3000	3831	3826	5
2.565.203.010	650	150	800	766	34
2.565.300.010	1400	(489)	911	928	(17)

Department of Public Health - Community Mental Health Services  
Other Than Personal Services Accounts

<u>Account Number</u>	<u>1972-73 Budget Allowance</u>	<u>Adjustment</u>	<u>1972-73 Adjusted Allowance</u>	<u>Expended and Encumbered</u>	<u>Balance</u>
<u>Hughes Formula Grant</u>					
2.576.999.200	--	38800	38800	--	38800
2.576.999.300	--	7545	7545	--	7545
2.576.999.400	--	33427	33427	26902	6525
2.576.999.800	--	45000	45000	--	45000
<u>Methadone Maintenance</u>					
2.581.200.000	323395	(3800)	319595	163644	155951
2.581.203.000	50	--	50	--	50
2.581.300.000	2450	550	3000	2753	247
2.581.365.000	30000	(250)	29750	21733	8017
2.581.368.000	24000	3500	27500	27242	258
2.581.400.000	300	--	300	217	83
2.581.800.000	51000	--	51000	19158	31842
2.581.999.000	--	860834	860834	720940	139894
2.582.999.000	--	83750	83750	78704	5046
2.583.200.000	--	20000	20000	(5444)	25444
2.584.999.000	--	--	--	--	--
2.584.999.200	--	146922	146922	113580	33342
2.584.999.300	--	18050	18050	1498	16552
2.584.999.400	--	10835	10835	--	10835
2.584.999.800	--	31575	31575	4140	27435
2.586.999.000	--	114496	114496	114496	--
<u>Total Community Mental Health Services</u>					
	<u>9473442</u>	<u>4458542</u>	<u>13931984</u>	<u>11209348</u>	<u>2722636</u>

Department of Public Health  
Comparison of Budget Estimate with Actual Revenue 1972-1973

<u>Revenue Account Number</u>	<u>Source</u>	<u>Budget Estimate</u>	<u>Actual *</u> <u>Receipts</u>
<u>Central Office Services</u>			
3101	Foods and Beverages - Tax Collector	130000	120960
3103	Public Eating Places - Tax Collector	275000	291052
4501	Penalties - Tax Collector	12000	5139
6540	Special Public Health Assistance Fund	161000	156634
6760	Crippled Children Program (State)	300000	295276
7502	Milk Inspection	180000	157005
7543	Fumigation Fees	100	887
7544 A & B	Laundry Openings & Renewals	500	692
7581	Birth Certificate Fees	65000	73339
7582	Death Certificate Fees	85000	91179
7583	Removal Permit Fees	10000	9728
7590	Burial Refunds	38000	33168
7590	Travel Certificates		
7590	Miscellaneous Revenues		
7626	Care of Patients - Nalline Clinic	-	-
7660	Crippled Children - Care & Treatment	20000	13663
Total Central Office Services		<u>1276600</u>	<u>1248722</u>

\* Adjusted for accruals

Department of Public Health  
Comparison of Budget Estimate with Actual Revenue 1972-1973

<u>Revenue Account Number</u>	<u>Source</u>	<u>Budget Estimate</u>	<u>Actual Receipts*</u>
<u>Community Mental Health</u>			
6766	Mission Mental Health Center Staffing Grant	460000	521000
6766A	Northeast Mental Health Center Staffing Grant	880000	900786
6766B	Mission Mental Health Center II Staffing Grant	452490	200000
6766C	Bayview Mental Health Center Staffing Grant	630095	170000
6766D	Northeast Mental Health Center II, Staffing Grant	--	90000
6786	Community Mental Health (State)	12181683	10516660
7601B	Psychiatric In-patient	20000	7037
7601C	Psychiatric In-Patient (MediCal)	45000	50000
7601D	Psychiatric Out-Patient	1000	4468
7601G	Psychiatric Out-Patient (MediCal)	165000	441200
7601H	Bayview Mental Health Center In-patient	10000	10757
7601I	Bayview Mental Health Center - In-patient (MediCal)	30000	54000
7601J	Bayview Mental Health Center - Other	1000	149
7601K	Bayview Mental Health Center - Other (MediCal)	50000	762300
7601L	Northeast Mental Health Center - Inpatient	--	36
7601M	Northeast Mental Health Center - Inpatient(MediCal)	—	--
7601N	Northeast Mental Health Center - Other	10000	275
7601O	Northeast Mental Health Center - Other(MediCal)	265000	536400
7601P	Sunset Mental Health Center - Other	1000	277

\*Adjusted for accruals

Department of Public Health  
Comparison of Budget Estimate with Actual Revenue 1972-1973

<u>Revenue Account Number</u>	<u>Source</u>	<u>Budget Estimate</u>	<u>Actual Receipts*</u>
<u>Community Mental Health (cont'd)</u>			
7601Q	Sunset Mental Health Center - Other(MediCal)	87000	234700
7601R	Acute Detoxification	10000	49599
7601S	Acute Detoxification (MediCal)	40000	236200
7601T	Geriatric Screening	100	---
7601U	Immediate Psychiatric Aid	105000	1000
7601V	Immediate Psychiatric Aid (MediCal)	500	177800
7613	Convalescent Care	21000	18956
7613A	Convalescent Care (MediCal)	1000	--
7613B	Themis House	15000	172
7625	Center for Special Problems	10000	11791
7625A	Center for Special Problems (MediCal)	20000	119000
7625B	Methadone Maintenance Program	15000	--
7625C	Methadone Maintenance Program (MediCal)	--	269100
7625E	Patient Care - Methadone Maintenance Clinic	6000	2252
7625G	Methadone Induction Center	35000	519
7625H	Methadone Induction Center (MediCal)	--	--
7625 I	Mission Methadone (MediCal)	1000	1926
7686	Child Psychiatric Clinic	1000	2
7686A	Child Psychiatric Clinic (MediCal)	60000	73300

\* Adjusted for accruals

Department of Public Health  
Comparison of Budget Estimate with Actual Revenue 1972-1973

<u>Revenue Account Number</u>	<u>Source</u>	<u>Budget Estimate</u>	<u>Actual Receipts *</u>
<u>Community Mental Health (cont'd)</u>			
7734	Psychiatric Clinic - Juvenile Court	500	--
7734A	Psychiatric Clinic - Juvenile Court (MediCal)	<u>9600</u>	<u>--</u>
	Total Community Mental Health Services	<u>15639968</u>	<u>15461352</u>
 <u>Laguna Honda Hospital</u>			
7611	Care of Patients	200000	184132
7611A	Care of Patients - Medicare	150000	225368
7611B	Care of Patients - MediCal	8000000	7940416
7611C	Care of Patients - Group II Liability	1400000	1419719
7612	Meals - Miscellaneous	<u>8000</u>	<u>13854</u>
	Total Laguna Honda Hospital	<u>9758000</u>	<u>9783489</u>
 <u>San Francisco General Hospital</u>			
7601A	Care of Patients	1675000	1852239
7601E	Care of Patients - Tuberculosis	---	104022
7601F	Care of Patients - Medicare	2700000	2909484
7602	Sale of Meal Tickets	27000	29243
7604	Care of Compensation Cases	250000	27162
7606	Care of Patients - MediCal	13000000	11178384

\* Adjusted for accruals

Department of Public Health  
Comparison of Budget Estimate with Actual Revenue 1972-1973

<u>Revenue Account Number</u>	<u>Source</u>	<u>Budget Estimate</u>	<u>Actual Receipts *</u>
<u>San Francisco General Hospital (Cont'd)</u>			
7606A	Care of Patients - Group II Liability	5000	632
7609A	Miscellaneous	<u>9000</u>	<u>12190</u>
	Total San Francisco General Hospital	<u>17656000</u>	<u>16113356</u>
	Total Institutions	<u>27414000</u>	<u>25896845</u>
	Total Department of Public Health	<u>44330568</u>	<u>42606919</u>

\* Adjusted for accruals



Department of Public Health  
Comparison of Budget Estimate with Actual Revenue 1972-1973

<u>Revenue Account Number</u>	<u>Source</u>	<u>Budget Estimate</u>	<u>Actual Receipts</u>
<u>Community Mental Health</u>			
6766	Mission Mental Health Center Staffing Grant	495082	521000
6766A	Northeast Mental Health Center Staffing Grant	795837	900786
6766B	Mission Mental Health Center II Staffing Grant	479390	200000
6766C	Bayview Mental Health Center Staffing Grant	707030	170000
6766D	Northeast Mental Health Center II, Staffing Grant	204650	90000
6786	Community Mental Health (State)	11473515	10516600
7601B	Mission Mental Health Center - Psychiatric In-patient	30000	7037
7601C	Mission Mental Health Center - Psychiatric In-patient (Medi-Cal)	46000	50000
7601D	Mission Mental Health Center - Psychiatric Out-patient	2500	4468
7601G	Mission Mental Health Center - Psychiatric Out-patient (Medi-Cal)	392800	441200
7601H	Bayview Mental Health Center In-patient	20000	10757
7601I	Bayview Mental Health Center - In-patient (Medi-Cal)	42000	54000
7601J	Bayview Mental Health Center - Other	1000	149
7601K	Bayview Mental Health Center - Other (Medi-Cal)	570000	762300
7601L	Northeast Mental Health Center - Inpatient	--	36
7601M	Northeast Mental Health Center - Inpatient (medi-Cal)	--	--
7601N	Northeast Mental Health Center - Other	10000	25
7601O	Northeast Mental Health Center - Other (Medi-Cal)	1686300	536400
7601P	Sunset Mental Health Center - Other	1000	277

Department of Public Health  
Comparison of Budget Estimate with Actual Revenue 1972-1973

<u>Revenue Account Number</u>	<u>Source</u>	<u>Budget Estimate</u>	<u>Actual Receipt</u>
<u>Community Mental Health (Cont'd)</u>			
76010	Sunset Mental Health Center - Other (Medi-Cal)	169200	234700
7601R	Acute Dotoxification	40000	49599
7601S	Acute Detoxification (Medi-Cal)	281600	236200
7601T	Geriatric Screening	-0-	--
7601U	Immediate Psychiatric Aid	1000	1000
7601V	Immediate Psychiatric Aid (Medi-Cal)	176000	177800
7613	Convalescent Care	18000	18956
7613A	Convalescent Care (Medi-Cal)	185600	--
7613A	Themis House	15000	172
7625	Center for Special Problems	15000	11791
7625A	Center for Special Problems (Medi-Cal)	185600	119000
7625B	Methadone Maintenance Program	-0-	--
7625C	Methadone Maintenance Program (Medi-Cal)	892000	269100
7625E	Patient Fees - Methadone Maintenance Clinic	-0-	2252
7625G	Methadone Induction Center	35000	519
7625H	Methadone Induction Center (Medi-Cal)	--	--
7625I	Mission Methadone (Medi-Cal)	-0-	1926
7686	Child Psychiatric Clinic	1000	2
7686A	Child Psychiatric Clinic (Medi-Cal)	73000	73300

Department of Public Health  
Comparison of Budget Estimate with Actual Revenue 1972-1973

<u>Revenue Account Number</u>	<u>Source</u>	<u>Budget Estimate</u>	<u>Actual Receipts*</u>
<u>Community Mental Health Cont'd)</u>			
7734	Psychiatric Clinic - Juvenile Court	-0-	--
7734A	Psychiatric Clinic - Juvenile Court (Medi-Cal)	-0-	--
	Total Community Mental Health Services	<u>19045104</u>	<u>15461352</u>
*Adjusted for accruals			
<u>Laguna Honda Hospital</u>			
7611	Care of Patients	100000	184132
7611A	Care of Patients - Medicare	150000	225368
7611B	Care of Patients - MediCal	6600000	7940416
7611C	Care of Patients - Group II Liability	1400000	1419719
7612	Meals - Miscellaneous	<u>8000</u>	<u>13854</u>
	Total Laguna Honda Hospital	<u>8258000</u>	<u>9783489</u>
<u>San Francisco General Hospital</u>			
7601A	Care of Patients	1750000	1852239
7601E	Care of Patients - Tuberculosis	--	104022
7601F	Care of Patients - Medicare	2000000	2909484
7602	Sale of Meal Tickets	17000	29243
7604	Care of Compensation Cases	250000	27162
7606	Care of Patients - Medi-Cal	13300000	11178384

Department of Public Health  
Comparison of Budget Estimate with Actual Revenue 1972-1973

<u>Revenue Account Number</u>	<u>Source</u>	<u>Budget Estimate</u>	<u>Actual Receipts*</u>
<u>San Francisco General Hospital (Cont'd)</u>			
7606A	Care of Patients - Group II Liability	5000	632
7609	Miscellaneous	<u>9000</u>	<u>12190</u>
	Total San Francisco General Hospital	<u>17331000</u>	<u>16113356</u>
	Total Institutions	<u>25589000</u>	<u>25896845</u>
	Total Department of Public Health	<u>45910704</u>	<u>42606919</u>

\*Adjusted for accruals



1920



1950



1960





Photography:

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#### FRONT COVER

Architect's Rendering of New Medical Center

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ANNUAL REPORT

DEPARTMENT OF PUBLIC HEALTH

CITY AND COUNTY OF SAN FRANCISCO

FISCAL YEAR 1973 - 1974



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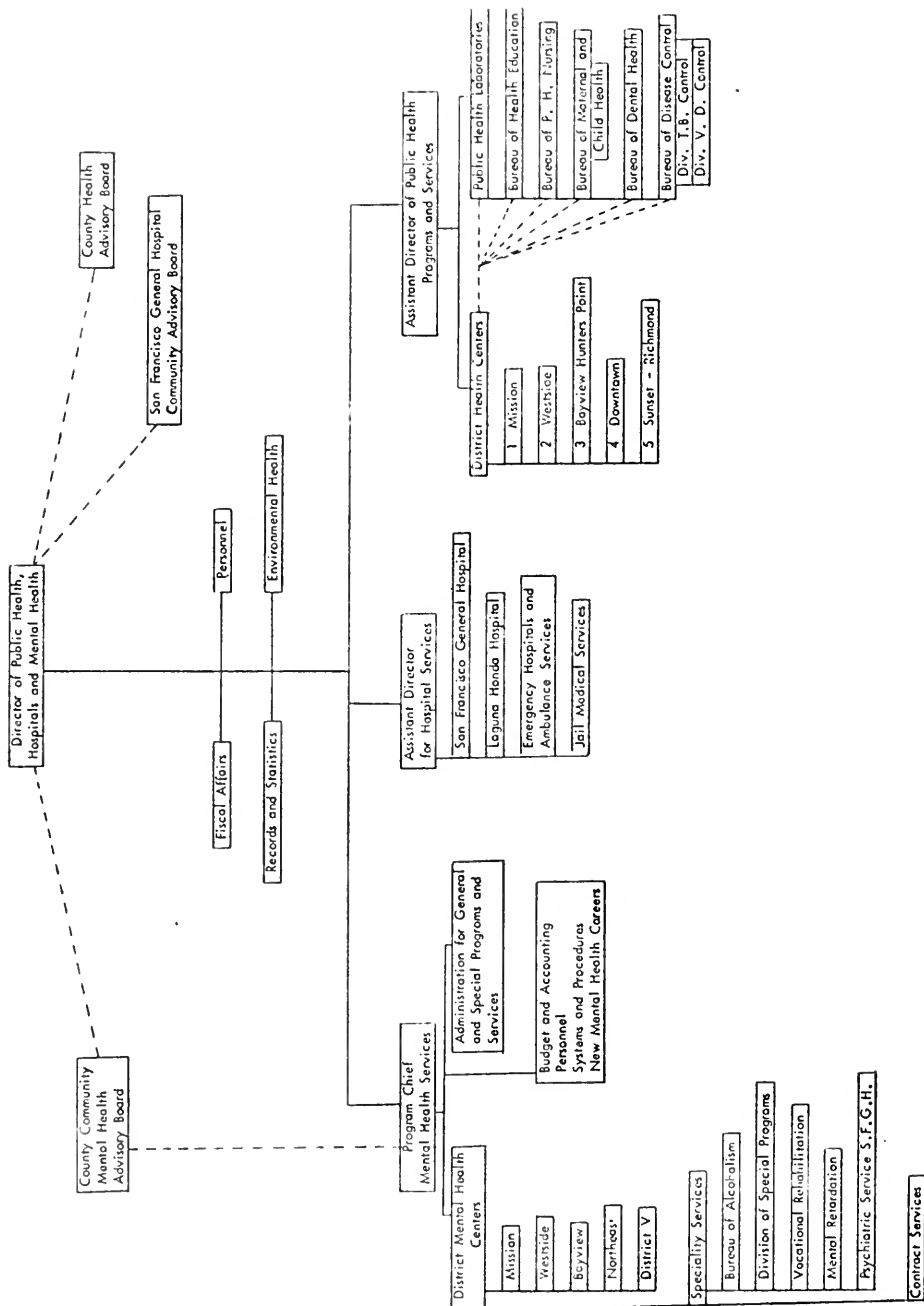
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## ADMINISTRATION

# ORGANIZATION OF SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH



REPORT OF THE DIRECTOR OF PUBLIC HEALTH



As Director of Public Health, Dr. Francis J. Curry learns firsthand about the health care needs of San Franciscans by visiting all public health facilities and talking with people. His concern reflects the belief that dignity of the patient is as important as quality of treatment provided.



## REPORT OF DIRECTOR OF PUBLIC HEALTH

### INTRODUCTION

The mission of the Department of Public Health is to promote the highest level of comprehensive health care services for the people of San Francisco through the utilization of public and private resources of the community. The Department of Public Health provides health care services not readily available nor readily accessible through the private sector of medicine. These services include, but are not limited to: major emergency and trauma treatment; acute medical and surgical care; chronic medical services; and special diagnostic and treatment clinics. In addition to these services, the Department of Public Health promotes the general health and well being of the community through prevention of disease and the removal of environmental health hazards.

The Department of Public Health has developed a comprehensive health care delivery system to insure that health care services necessary for the diagnosis and treatment of medical emergencies and illnesses and the prevention of disease are available and accessible to the community. This system consists of a number of interrelated and interdependant components: Mission Emergency Trauma Center, San Francisco General Hospital, Laguna Honda Hospital, Emergency Ambulance and Medical Services, and district and neighborhood health centers. While each facility or program is frequently described separately, it is important to view each as providing specific services which are complemented by additional services within the comprehensive health care system.

The ultimate goal of the Department of Public Health is a health care delivery system that provides high quality services which are readily available, accessible and acceptable to all residents of San Francisco. During the past few years, the Department has taken many steps towards the accomplishment of this goal: new and improved primary and preventive services are being provided in District Health Centers; comprehensive community mental health services have been developed and now include a wide range of drug abuse prevention and treatment services and new programs for children and geriatric patients; two neighborhood satellite clinics that provide primary, family-oriented care have been developed; emergency medical services have been improved and expanded; several new health care programs for senior citizens have been implemented; and supportive services to community agencies have been increased.

Decentralization of outpatient services from San Francisco General Hospital to the District Health Centers and community controlled health centers continues to be a priority. The number of patient services provided out-of-hospital will be markedly increased for the community as a whole, so that the number of patient visits actually needed at San Francisco General Hospital will be appreciably reduced. This should result in better and more convenient services for patients, with a reduction in congestion and waiting at the General Hospital. Out-of-hospital diagnostic and treatment services will be expanded and improved in the two community-controlled health centers that provide primary care in the neighborhoods and through decentralization of services to the five District Health Centers for patients who have in the past received their primary care at San Francisco General Hospital.

In order to achieve the goal of a comprehensive, high quality health care delivery system, the Department will need to develop plans and programs for the following: conversion of San Francisco General Hospital into a community hospital; further decentralization of out-of-hospital diagnostic and treatment services from San Francisco General Hospital to District Health Centers and community health centers; development of primary, family-oriented care and expanded preventive health services in the District Health Centers and neighborhood facilities; additional services for Senior Citizens; expanded dental services; new services for chronically ill patients; expanded school health services; full implementation of Emergency Medical Services system; and increased community participation through the Community Advisory Board, in the development of these programs. Planning for many of these programs has started. As they are implemented, the City and County of San Francisco will move closer to a truly comprehensive health care delivery system consisting of both public and private facilities.

The Department of Public Health has worked closely with the private medical community and community agencies to develop new and improved services. Through cooperative and contractual relations with voluntary agencies, the private medical community and many public agencies, the Department has been able to provide a greatly expanded range of services. This has enabled the Department of Public Health to provide services best suited to the needs of the residents in neighborhoods where they live.

## COMMUNITY ADVISORY BOARDS

The Department of Public Health continues to work extensively with community groups and organized neighborhood and specialized community advisory boards to develop and implement programs in areas of special concern that meet the health care needs of various neighborhoods and all of San Francisco. The primary concern of these groups has been the availability and accessibility of facilities and services that are needed and acceptable to the community. The community advisory boards and community advisory groups fall into three major categories: those mandated by the City Charter; advisory boards for specialized programs for the community as a whole and for various neighborhoods; and, advisory boards for various community voluntary agencies on which Health Department personnel are represented in order to assist community organizations, and to provide departmental information to the community and bring to the Department information from the community.

More than twenty community advisory boards and community advisory groups work closely with the Department of Public Health. The following community advisory boards are mandated by City Charter to advise the Department: Health Advisory Board, Mental Health Advisory Board; City-wide Alcoholism Committee; and, San Francisco Coordinating Council on Drug Abuse. The following boards advise the Department for specialized programs: San Francisco General Hospital Community Advisory Board; Medical Advisory Committee of the Emergency Services of San Francisco; San Francisco Emergency Medical Care Committee; San Francisco Mental Health Education Funds, Inc.; Community Emergency Care, Inc.; San Francisco Medical Center Outpatient Improvement Programs, Inc.; Inner Mission Community Advisory Board; West of Dolores Community Advisory Board; Potrero Hill Community Advisory Board; Westside Community Advisory Board; Bayview Community Advisory Board; Northeast Community Mental Health Services, Inc.; District V Mental Health Advisory Board; and, community organizations and boards on which Department personnel are represented are: Northeast Medical Services, Inc.; Chinatown-North Beach Health Care Planning and Development Corporation (On Lok Center); Chinatown-North Beach Family Planning Services, Inc.; and, North of Market Health Council, Inc.

## SAN FRANCISCO GENERAL HOSPITAL

### Introduction

In the past thirteen years, San Francisco General Hospital has changed from a typical county hospital caring for all types of patients, including tuberculosis patients, patients waiting to be sent to State mental hospitals and the chronically ill, to a comprehensive Medical Center that has become a highly specialized treatment center for patients requiring emergency, trauma, acute critical care, and outpatient services that include primary, secondary and tertiary care. In 1961-62, forty percent of the patients were receiving long-term care and outpatient services were limited to a small pediatrics and obstetrics clinic and a "follow-up" clinic for previously hospitalized patients. In 1973-74, ninety-two percent of the patients admitted to the hospital required acute medical and surgical services, and 163,484 outpatient visits were made to the Medical Center.

As the role of San Francisco General Hospital has changed, there has been a major reduction of the inpatient census and length of stay, and a dramatic increase in outpatient or ambulatory services provided at the Medical Center. In 1962, there were 1,114 beds at San Francisco General Hospital with an average daily occupancy of 831, or 74.6 percent; in 1973, there were 509 beds available for use and an average daily occupancy of 338, or 66.4 percent. These changes are the result of the development of a health care delivery system which not only provides improved inpatient services, but also provides a wider range of services in the Medical Center Outpatient Department, District Health Centers, Laguna Honda Home and Community Mental Health Centers.

San Francisco General Hospital serves a population that is, in many ways, unique when compared to the patient populations seen in other San Francisco hospitals. This population consists of: all major trauma patients and catastrophic illnesses; people from all socio-economic groups, regardless of their ability to pay; severely disturbed psychiatric patients; drug addicts, alcoholics from all socio-economic groups; would-be suicides and prisoners from the county jails and other patients under police guard. The sources of this patient population are: 1) persons requiring emergency medical care, and, victims of car accidents, gunshot wounds, stabbings, assaults, drug abuse, alcohol; 2) the community surrounding San Francisco General Hospital, i.e., Mission, Bayview-Hunters Point and South of Market; and, 3) individuals who are medically indigent or unable to pay

for medical care.

San Francisco General Hospital has become increasingly responsive to the needs of the community it serves. Medical and surgical services are available 24 hours, 7 days a week. San Francisco General Hospital has the only major trauma center with surgical teams and backup services ready to function 24 hours a day. Multi-disciplinary teams are used to provide more comprehensive care and to insure continuity in care. Multi-lingual staff is available to assist non-English speaking patients. In addition to the Mission Emergency and the inpatient units, the hospital also provides a wide range of outpatient services. More than 58 medical and surgical clinics are held on a regular basis, during the day and in the evening. The Pediatrics Clinic is open 7 days a week and in the evenings.

San Francisco General Hospital and one private hospital are the only two hospitals in the southeastern part of the city which has a population of 300,000 people. Approximately fifty (50) percent of the non-emergency patients served by San Francisco General Hospital are residents of the surrounding community. Of the more than 2,000 private medical doctors in the city, fewer than 100 practice in this area. Thus, San Francisco General Hospital is the major provider of health care for a large section of the city. This point is highlighted by the fact that in spite of a comprehensive health program and a number of private physicians in the Mission District, this area accounts for almost 29% of the outpatients at the hospital.

#### Inpatient Services

San Francisco General Hospital has become a highly specialized treatment center for patients requiring emergency, trauma and acute critical care. It has the only major trauma center in San Francisco with surgical teams and backup services ready to function 24 hours a day. Approximately 60% of the patients are admitted to San Francisco General Hospital through the Emergency Room:

<u>AREAS OF ADMISSIONS</u>	<u>% OF ADMISSIONS</u>
Emergency Room (Ambulance Cases)	15%
Emergency Room (Other)	46%
Elective Admissions	24%
Clinics	14%
Transfers from other hospitals	1%
	<u>100%</u>

Approximately 152 patients are treated every day in Mission Emergency. In 1973-74 the emergency service treated 55,543 patients. The following chart indicates some of the types of problems seen in Mission Emergency:

	<u>TOTAL # PATIENTS</u>
Emergency Walk-ins	21,600
Auto accident victims	2,890
Assault victims	1,800
Gunshot wound victims	299
Stab wound victims	522
Ingestion patients	1,331

A comparison of acute medical and surgical patients admitted to the hospital indicates there were 13,813 admissions in 1961-62 and 15,962 admissions in 1973-74. This represents an increase of 2,149 patients or a thirteen (13) percent increase over the past twelve years. Because of the level of seriousness of the patients' illness, there has been a radical shift in nursing staff patterns. For example, in 1962, 303 or 36.5 percent of the patients who were chronically ill were cared for by 21 nursing personnel, or one hour or less of nursing care per day. In 1973, the staffing pattern on an intensive care unit utilizes 21 nurses for 14 patients or twelve hours of nursing time per patient per day. Also, it is now necessary to maintain a higher level of medical, nursing, ancillary and paraprofessional, and professional personnel. Many patients treated at the Emergency and Trauma Center for toxic ingestions, gunshot wounds, stabbings, assaults and auto accidents in 1973 are being saved because of specialized nursing and other supportive services, which could not be provided at 1962 levels without a rapid rise in mortality. Furthermore, medico-legally many more specialized tests and special procedures are required to diagnose and follow the progress of the patients, especially the severely traumatized. Thus, more rather than fewer personnel are necessary in the clinical laboratories, the radiology department and specialized care units.

The Burn Unit at San Francisco General Hospital, which was opened in October, 1973, is illustrative of the highly specialized care provided at the Medical Center. This unit provides to the citizens of San Francisco a specialized trauma unit with expertise in burn nursing care, physical therapy, psychiatric care, occupational therapy and physician management of severe burns. Since it opened, there have been 77 admissions. The average monthly rate is 8.1 patients. The number of deaths is 8 for a total mortality rate of 10.3%, which is a reduction of 17.8% prior to the opening of the Burn Unit.

There were fewer medical/surgical admissions in 1973-74 than in 1972-73. This decrease was due to the nine day strike of City employees. In anticipation of the strike, the hospital reduced the number of elective and non-emergency admissions. One week before the strike, there were 314 patients in the hospital; on the first day of the strike, the patient census had been reduced to 258; and, the lowest patient census during the strike was 154. During the strike, 13 wards were closed by discharging as many patients as possible and by transferring to other institutions all MediCal and Medicare patients and other patients that had insurance who could be transferred without endangering their lives. Wards closed during the strike were not reopened and functioning at pre-strike levels until six weeks after the strike. Thus, as a result of the strike, it is estimated there were 887 fewer medical/surgical admissions to San Francisco General Hospital during 1973-74.

It was only because of the dedication of certain doctors, nurses and other personnel at San Francisco General Hospital, plus the many hours of service by volunteers, that the hospital services were maintained. Doctors, nurses and volunteers operated the laundry, washed dishes, prepared food trays, pushed food carts, fed patients, scrubbed and cleaned ward areas, besides performing their regular professional duties. Also, as a result of the strike, a new spirit in the hospital, one which will bind the University of California at San Francisco and the Department of Public Health staffs more closely in developing an outstanding medical center and provide one level of services to the community, was created.

#### Accreditation

After a site visit in 1973, the Joint Commission on Accreditation for Hospitals approved San Francisco General Hospital for full accreditation for two years. The hospital had been placed on probation for two successive years as a result of deficiencies, many relating to the structure of the

old buildings. In response to the Joint Commission on Accreditation for Hospitals, the hospital began a concerted effort to correct these deficiencies. The following steps were taken to insure a more efficient and safe operation of the hospital: policy and procedure manuals were developed for all departments; a clinical engineering department was established; an orientation program for all new employees was begun; automatic sprinklers were installed in the kitchen and laundry; fire doors were installed in stairwells; Hospital By-laws were developed; pre-employment health examinations for temporary employees, as well as annual health examinations for all employees were begun; an Emergency Walk-in Service with a nurse triage system was established; Medical Care Evaluation Studies were started; new Medical Staff By-laws were adopted; In-service training programs for all department heads and supervisors were started; an Inpatient Prescription Service was established; a Civil Service Unit at San Francisco General Hospital was established; and, an Employee Health Service program was started. These improvements should result in better patient care at the hospital.

#### Division of Outpatient and Community Services

As San Francisco General Hospital has changed from a facility primarily caring for patients with all types of illnesses, including chronic diseases, tuberculosis and psychiatric illnesses to a comprehensive Medical Center which provides not only highly specialized inpatient services but also a wide range of outpatient and community services, this Division has grown tremendously since 1969. The primary objectives of the Division of Outpatient and Community Services (DOCS) are to develop and provide primary, secondary and tertiary ambulatory care services at the hospital and in the community. To make services more accessible and acceptable to the community, DOCS has established five primary care centers, two of which are satellite clinics. In addition, DOCS continues to provide an increasing number of backup services to neighborhood health centers, community agencies and private physicians.

A major effort over the past year has been the development and reorganization of five primary care health centers. The Adult Health Center was reorganized from existing clinics. It combines General Medicine and General Surgery as well as Specialty Clinics and Employees Health Service. The Children's Health Center includes Pediatric, General and Specialty Clinics and related learning problem programs, such as the Latino Assessment Center. A new Family Health Center was begun this past year, which is now reaching full capacity in



providing care to both adults, children and their families. This Health Center is also the home base for the newly developed Family Practice Residency Program, which has attracted national recognition. The South of Market Health Center is a satellite clinic, now temporarily housed at the Canon Kip Community House. It will be moving into a newly remodelled facility at Russ and Minna Streets in the next year. A second satellite clinic is being developed for Potrero Hill and should open in April, 1975.

An important aspect of the Medical Center is the backup services provided to neighborhood health clinics and centers and community agencies. San Francisco General Hospital has agreed to provide secondary and tertiary ambulatory and inpatient services that are not available in other institutions to patients of the Northeast Medical Services Clinic, the Mission Neighborhood Health Center, Native American Health Center, Ambulatory Health Care Facility Corporation in Southeast San Francisco; and, the North of Market Clinic. In addition, the Medical Center, through its 58 specialty clinics and primary care centers, serves patients from the surrounding communities, i.e., individuals from day care centers, drug treatment programs, geriatric programs, Head Start, District Health Centers, Community Mental Health programs, public schools, youth programs and social agencies.

As the largest ambulatory health service in the eastern half of the city, DOCS provides the essential secondary and tertiary services that enable many community programs to better serve their clients. There has been a dramatic increase in the total patients served and the total number of patient visits to the Outpatient Department at the Medical Center. The existing programs have been augmented by nurse practitioners, optometric and podiatric services, clinical pharmacy and general dental services. The decentralization of these services may be illustrated by the 14 nurse practitioners that now work with the DOCS Health Centers. This program has received official recognition by the State Health Department as one of the experimental health manpower programs advising the State Legislature.

#### San Francisco Medical Center

Construction of the new Medical Center should be completed by June, 1975. The new facility includes 590 beds and a five-story outpatient clinic building. It will have over one million square feet of space and will be seven stories. Its modern design will provide a more pleasant

environment for both patients and staff, will enable the staff to provide the highest quality of care, and will be more efficient to operate than the existing hospital.

In contrast to the old, sprawling hospital buildings, scattered services and large patient wards, the new Medical Center will have the following features. Inpatient units will be located in four nursing towers overlooking a panorama of views. These towers surround a central core in which service areas will be located. There is a total of 22 nursing units, consisting of one and two bedrooms, all with modern electric beds, private lavatories, telephones, good ventilation and pleasant color schemes. The new facility will also include the following units and special features. There will be five Intensive Care Units: Medical/Surgical; Respiratory; Coronary; Burn; and Neurosurgical. There will be seven surgery suites, including ten operating rooms in the surgical area and four in the emergency area. Two additional operating rooms are shelld in for future expansion. Two banks of elevators include three special elevators exclusively serving emergency surgery, 12 elevators for general use, and two freight elevators. The Radiology and Emergency services will be located back-to-back on the ground floor. Central Supply, Emergency Surgery, Surgery Suites, Surgical Wards, and Acute Care Units are integrated into a tightly knit system for better organized patient care. The most advanced automated Centrex phone system and electronic paging system will also be incorporated into the facility. Speciality outpatient services will be housed in the new clinics building, close to their respective inpatient locations. Due to limited space in the new clinics building, two major primary care clinics, the Adult Health and Family Health Centers will be in remodeled and expanded space in Buildings 80 and 90.

A team to plan, coordinate and direct the move and the realignment of services has begun to develop the detailed plans for the transfer of patient services and systems, personnel and equipment from the old hospital to the new Medical Center. During 1974-75, this team will develop methods and techniques that will: 1) Assure the safety and comfort of patients, continuity of nursing and medical care, and minimum disruption of routine hospital activities during the move; 2) Insure, to the greatest extent possible, the reliability and correct operation of the new systems being installed; and, 3) Provide control of the multi-million dollar inventory of new equipment and equipment being transferred into the new facility. An important phase of planning will be training the

staff and personnel for the move, and the operation of the new systems such as the latest in electronic communications equipment and modern conveyors for the movement of supplies.

#### San Francisco General Hospital Community Advisory Board

In August, 1973, the Director of Public Health appointed an Interim Community Advisory Board for San Francisco General Hospital to act as an advocate for the hospital and the health care delivery system; to be liaison between the hospital and the community; and to assist the Director in planning programs and services, for the new hospital, which are more responsive to community needs. The Community Advisory Board is composed of representatives of all major districts of the City and selected individuals with expertise in certain specialized fields.

The Director of Public Health believes that only through broad community representation and active participation in the planning process will the Department be able to respond more effectively to the needs of the community as a whole, and to specific groups and neighborhoods in particular. During the past three years, the Department has worked with community groups to organize neighborhood and specialized community advisory boards which assist in developing programs that will meet more appropriately the needs of various neighborhoods and areas of special concern. With the opening of the new Medical Center in 1975, the Director of Public Health recognized the immediate importance of establishing a Community Advisory Board for San Francisco General Hospital to assist the Department and him in planning programs and services for the future operation of the Medical Center.

The Community Advisory Board will act in an advisory role to the Director of Public Health. It will actively participate with the staff and the Director of the Department in planning and development of new and expanded health care services, review of program changes, and preparation and review of the annual budget. As the Board and its permanent working committees become knowledgeable about the health care delivery system and gain experience in working with the Department, it will have increased responsibility for services at San Francisco General Hospital and other health facilities comprising the health care delivery system.

In its first year, the Community Advisory Board became actively involved in the review of existing programs and plans of the hospital. A Finance Committee was established and it reviewed the 1974-75 budget for the hospital and made a thorough review of the contract between the Department of Public Health and the University of California School of Medicine. A Program Planning and Space Committee was established and it reviewed recommendations for utilization of space in the old buildings (once the move is made to the new Medical Center) and reviewed the proposal of the University of California School of Dentistry to establish a new dental program, with 24 additional dental chairs, at the hospital. The Community Advisory Board members also toured the new Medical Center building which is under construction.

At the request of the Health and Environment Committee of the Board of Supervisors, the Community Advisory Board undertook the review and study of the report of the Coordinating Council, "The Transformation of San Francisco General Hospital into a Community Hospital." Three task forces were established to make independent reviews of the report: a Community Task Force, a Hospital Task Force, and a University of California School of Medicine Task Force. These groups met many hours to hear the comments of key individuals involved with the hospital. Each task force will prepare a final report on their findings and conclusions and present them to the Board of Supervisors and the Director of Public Health.

It is anticipated that in 1974-75 the Community Advisory Board will participate even more in the planning for the new Medical Center. With the activation of new committees in 1974-75 the Community Advisory Board will be more actively involved with San Francisco General Hospital and the entire health care delivery system.

#### EMERGENCY MEDICAL CARE SERVICES

The goal of the San Francisco Emergency Medical Care Services is to provide the highest quality of care to the critically ill and injured from the time of need until the patient is taken to a facility for definitive treatment. During the past two years the City and County of San Francisco has made a major commitment to the improvement and expansion of the emergency medical care system. In 1973-74 many major steps were taken to improve the system: a new emergency communications system was instituted; twelve new ambulances, with the most modern equipment, were purchased; training programs for emergency medical personnel were conducted; the Center for Victims of Sexual Assault was improved; and the Department received

grants totaling \$821,923 to improve and upgrade the emergency medical care system.

### Radio Communications System

The first phase of the Radio-Telemetry System became operational in July, 1973. This included the installation of radio equipment for direct dispatch of all City ambulances and will provide direct radio link between Central Emergency Control and the Trauma Center at San Francisco General Hospital. This system enables a medical steward in an ambulance, with a critically ill or injured patient, to talk directly to a physician at the Trauma Center while enroute to that facility. In addition, recording equipment was installed for the taping of all incoming and outgoing radio and telephone calls. This equipment will allow the establishment of permanent records of calls and provide useful information for the evaluation and improvement of the service.

### Training

In 1973-74, the Department of Public Health undertook a major effort to upgrade the skills and knowledge of all emergency medical personnel in the San Francisco Emergency Care Service System. In collaboration with the Adult Division of the San Francisco Community College District, Emergency Medical Technician I and Emergency Medical Technician II courses were conducted for ambulance drivers and medical stewards from both the public and private sectors. A 160-hour training course in the care of the critically ill and injured was conducted for all nurses in the Emergency Medical Services System, and, in collaboration with Community Emergency Care, Inc., courses in emergency cardiac care were conducted for Emergency Medical Services physicians.

### Ambulances

The City and County of San Francisco purchased 12 new ambulances in 1973-74 with Federal Revenue Sharing funds, which meet and exceed Federal specifications. These ambulances are strategically stationed in seven locations throughout the City to expedite response time on a 24-hour basis. Each one of these vehicles is a Mobile Advanced Life Support Unit equipped with both standard communications radio bands for dispatch and will be equipped with special EKG telemetry and voice channels (5 pairs) along with two pairs of coordinating channels, as authorized by the FCC. The radios allow communication with Central

Dispatch and the Trauma Center located at San Francisco General Hospital. Cardiopulmonary resuscitation equipment and life sustaining apparatus are all standard equipment on the ambulances.

#### Center for Victims of Sexual Assault

Central Emergency Hospital has virtually the only facility in San Francisco for examining victims of sexual assault. In 1973-74, 430 victims were seen in the Center. The Department became aware that certain aspects of the care given these victims needed to be revised. As a result, the Center has been relocated within Central Emergency in an area which provides a more private and restful atmosphere for the victim. In addition, the doctor's reports have been revised to eliminate unnecessary questioning of the victim; prophylactic drugs for venereal disease and pregnancy prevention drugs are available for those who wish to use them; funds were provided to build a completely private examination room with adjacent lavatory and shower facilities and a non-clinical room where the victims may be counseled and interviewed; and, a volunteer program has been estimated to provide counseling to victims immediately following the assault.

#### Bay Area Emergency Medical Services Project

In January, 1974, the San Francisco Department of Public Health and Community Emergency Care, Inc., received a grant of \$32,643 from the California Committee on Regional Medical Programs to improve emergency medical services in the nine Bay Area counties. This six-month project accomplished the following: established the Emergency Medical Services Forum in which public and private agencies and community groups could exchange information; established a centralized source of information on major emergency medical services training programs, and public information campaigns throughout the United States; and assisted local and state agencies in the development of evaluation programs for emergency medical services. The highlight of this project was the Bay Area Emergency Medical Services Symposium which brought together more than 200 individuals from the nine Bay Area Counties and many other cities in California who were interested in emergency medical services planning and development. The Symposium featured nationally recognized individuals in emergency medical services who made presentations and held workshops to enable the participants to share information and identify common interests and resources.

### Improvement Grants

In June, 1974, the Department of Public Health received three grants, totaling \$789,280 to improve and upgrade emergency medical services in San Francisco. The Department of Health, Education and Welfare, under the Cranston Act, awarded the Department \$381,206 to develop and/or improve the following components of the Emergency Medical Services System: training, public education, evaluation, and remodeling of the Central Emergency Hospital. A grant of \$338,330 was awarded jointly to the Department of Public Health and Community Emergency Care, Inc., by the Robert Wood Johnson Foundation to improve and expand the emergency medical services radio communications system in San Francisco, to expand the public education program, and to provide new and improved training programs for emergency medical services personnel in the public and private sectors. And, the California Committee on Regional Medical Programs awarded the Department \$69,744 to continue the Bay Area Emergency Medical Services Project, being conducted under contract with Community Emergency Care, Inc.

It is anticipated that as a result of the improvements made in the Emergency Medical Services system in 1973-74 and with the improvements planned under the grants in 1974-75, that by July, 1975, San Francisco will have developed a comprehensive emergency service system. The radio communications system will be expanded; new and improved training programs for emergency medical services personnel in the public and private sectors will be conducted; a major public information campaign to educate the public on when and how to gain access to the Emergency Medical Services system will be conducted; and, an ongoing evaluation program will be designed and implemented.

### LAGUNA HONDA HOSPITAL

Laguna Honda continues its trend towards becoming more of an acute care and extended nursing care program. As a result of a change in the patient population, there has been a functional change in services with Laguna Honda providing several levels of care for patients: the chronically ill elderly with acute problems requiring more extensive care; patients that require extended and nursing home care; and patients that require rehabilitative and outpatient services.

There is an increasing number of chronically ill patients in San Francisco. This type of patient requires a great deal more nursing care and ancillary services. This change has been brought about primarily by Medicare and Medi-Cal length of stay criteria, which limits payment in an acute facility for a given illness, thus necessitating the transfer of patients earlier than in the past. This has resulted in the admission of patients who need intensive nursing and medical care. If this continues it will be imperative to increase nursing staffs or the level of patient care will suffer. The only other alternative would be to limit admissions of chronically ill to current levels, which would force the transfer of many Medi-Cal patients to out-of-County facilities, because Medi-Cal beds in San Francisco are limited.

Although San Francisco has many nursing home beds, they are so costly that poorer patients cannot afford them. Because there is not a sufficient number of beds at Laguna Honda Hospital, patients are sent to nursing homes as far north as Ukiah and as far south as Los Angeles. Approximately 2,000 San Francisco residents have been sent to nursing homes outside the city because of lack of funds to pay for care. Also, there is extremely marked shortage of extended care beds in San Francisco.

While there is a shortage of beds for the chronically ill and aged in San Francisco, the City is overbedded for acute care. Many of the acute beds are in institutions which have been licensed under a grandfather clause so that these beds and facilities are antiquated and marginally obsolete for acute medical care. There are a number of older hospitals that have a marked under-utilization of this type of bed. A far better utilization for the community would be to convert some of them to chronic care for the sub-acutely ill, the extended care patient, and the nursing home type of patient. This would reduce the number of underutilized acute beds and reduce the overbedding, while resolving the shortage of extended and chronic care beds.

During the nine day strike of City employees, services at Laguna Honda Hospital were maintained through the efforts of dedicated physicians, nurses, and other hospital personnel, who were supported by many volunteers. As a result of the many extra hours of work by hospital personnel and the hundreds of hours of work by volunteers in the laundry, food services, custodial services, as well as in direct patient care, it was possible to maintain the highest quality of care for the patients during this difficult period.



Laguna Honda Hospital continues to serve the citizens of San Francisco as their primary hospital for the chronically ill in the field of internal medicine, physical medicine and both physical and alcoholic rehabilitations. It remains the largest hospital in San Francisco and the second largest in California. The operation of a chronic disease hospital of this size requires a well coordinated medical program and devotion of all its staff to patient care. New programs reflect these changes--an Outpatient Department, Brain Trauma Program, improved medical and nursing services and more advanced x-ray services. Laguna Honda Hospital is an accredited Hospital and Rehabilitation Center, which finances most of its programs with State and Federal monies.

### COMMUNITY MENTAL HEALTH SERVICES

During the past year Community Mental Health Services has succeeded in further implementing a comprehensive mental health service system. A broad spectrum of mental health services are provided by both county-operated and privately-operated facilities at nearly 100 different locations throughout the City. The availability and accessibility of services increased last year through new and expanded programs.

In 1973-74, Community Mental Health Services was able to augment existing services and begin new programs for children, adult and geriatric patients as well as specialized programs for persons with alcohol and drug abuse problems. Many of these new or increased services were made possible through continuing federal grants and contracts totalling \$8,000,000. In December, 1973, the John Hale Medical Society, a contract agency of Bayview Mental Health Center, received a one-year NIMH grant of \$271,000 for Children's services.

New, improved and expanded mental health services have resulted in a reduction of the number of patients that require hospitalization in local or State hospitals. Experience in recent years has demonstrated that many patients can be provided better treatment in the community where they reside, provided there are adequate programs and facilities. During the past three years, there has been a trend to return a large number of patients from State hospitals to San Francisco without insuring there would be appropriate and adequate services to meet the patients' needs. This problem has arisen because of lack of funds to provide the needed services. As a result, many mentally ill and mentally retarded patients are not receiving proper services. This practice of returning patients to the community from a State hospital without the existence of adequate aftercare services is tantamount to telling the patient "to get lost" in the community.

Lack of adequate facilities, coordinated services and follow-up of patients discharged from State institutions have created tremendous aftercare problems. The insistence of the State Department of Health to have community mental health programs treat patients locally failed to take into consideration that many patients require prolonged hospitalization in a quiet and pleasing environment and that such patients may be better treated at a remote State hospital where intensive and prolonged care may be given to patients with special problems.

To restate: One of the greatest problems in mental health today is that treatment of the mentally ill and mentally retarded is often determined by where the State decides the patient should be treated. In essence, the mentally ill patient is a "pawn" who gets treated or moved to a treatment program according to where the money is available. Programs should be developed that provide the widest range of mental health services both in communities and in State hospitals, thereby eliminating the senseless moving of patients to localities where there are inadequate or non-existent programs.

Today, it is a tragedy of immense and complex proportions when a bizarre acting or violent mentally ill patient physically injures another person. When this occurs, the community becomes distraught over the fact that many of these individuals are being treated locally and live in their neighborhoods. However, it should be noted that the percentage of such episodes is approximately the same as 15-20 years ago, but because of the former practice to mysteriously sweep such a patient away to a State hospital, these occurrences did not receive the publicity they do today. Also, there has been a tendency since 1940 for the major portion of the population throughout the United States to gather on the coast lines. Thus, there is a massive megalopolis on the Eastern seaboard, extending from Massachusetts to Virginia; another bordering on the Great Lakes; and, similarly, areas of population concentration exist in the Los Angeles-San Diego area and the San Francisco Bay Area. This concentration of human beings in itself produces certain stressful situations which can evoke emotional outbursts or aggressive or violent reactions to this environment. Thus, increased population density and overcrowding together with a wider utilization of the news media give greater publicity to these events than was so in the past. To counteract this situation, it is necessary to educate all levels of the community in the knowledge that treatment of the mentally ill individual in the community where he lives does not appreciably increase the rate of violence in the community.

Citizen advisory boards, as well as community agencies and individuals, have continued to serve an important role by representing and articulating the needs of their communities. The Mental Health Advisory Board, the City-wide Alcoholism Advisory Board, the Technical Advisory Committee on Drug Abuse and the five district advisory boards have assisted Community Mental Health Services staff in reviewing existing services and planning new programs. In January, 1974, a contract was established with San Francisco Mental Health Education Funds, Inc., a non-profit organization composed of four district Citizen Advisory Boards and the Mental Health Advisory Board. The participating district boards are Mission (Team I, II, and III Boards), Westside, Bayview and District V. Each Advisory Board has hired staff who serve their respective Boards by performing essential supportive administrative and/or clerical duties. Through on-going liaison with Community Mental Health Services staff, community agencies, neighborhood groups and district residents and through community education efforts, these staffpersons have notably increased citizen interest and participation in mental health concerns.

Funding of Community Mental Health Services programs derives largely from federal and state sources with the City/County contributing matching monies. In addition to the line-item budget form required in the City/County budget process, Community Mental Health Services prepares a program budget using the form developed by the State Department of Health as a part of its cost reporting and data collection system. Basically, the program budget distributes all costs to four types of services: inpatient, outpatient, partial-day care, and community service. The program budget form provides a useful mechanism for evaluating the cost and productivity of the district Mental Health Centers and specialty services.

In February, 1974, Community Mental Health Services hosted the Fifth Annual Meeting of the National Council of Community Mental Health Centers, an organization composed of about 500 mental health centers throughout the nation. The overall program for the four-day meeting was planned by Community Mental Health Services and, in addition, a special workshop was convened by all the citizen advisory boards in San Francisco to meet with and to share ideas with Board members attending the meeting from elsewhere. Also, a poster exhibit depicting mental health services in San Francisco, prepared by each of the district and specialty programs, was displayed at the meeting. Later in May, 1974, the exhibit was put on public display for one week in the rotunda of City Hall.

### Methadone Treatment Programs

A serious controversy arose between the State Department of Health and the San Francisco Department of Public Health regarding the confidentiality of patient medical records and the confidentiality of the patient-physician relationship in the Methadone Treatment Programs in January, 1974. This misunderstanding arose from a difference in the interpretation of Federal regulations regarding "Confidentiality of Drug Abuse Patient Records" and a difference in the interpretation of California SB 714; both pertain to the monitoring and inspection by the State of federally funded Methadone Treatment Programs. The State maintains it has an absolute right to the name, address, telephone number, social security number, and any other identifier it may so designate on each and every patient in the San Francisco methadone treatment programs in order to carry out its Federal and State mandates to monitor and inspect the programs to ensure they are effective, prevent abuse and misuse of methadone, and assure quality medical care for the patients. The San Francisco Department of Public Health maintains that all information necessary to fully achieve the aims and goals of Federal and State regulations can be obtained from numbered case records without the name of the patient or other identifiers of patients in the methadone treatment programs.

Long term methadone treatment programs throughout the State were generally not successful in attracting addicts when the program started because patients feared entrapment by State and Federal narcotic agents, through their clinical records. It must be remembered that participants in the program must admit to a felony, i.e., the use of heroin, for two or more years to be eligible for the program. It was not until absolute confidentiality was promised to the addicts that the San Francisco Methadone Treatment Program began to grow and become successful. The Department promised complete patient confidentiality and this was made with the knowledge and approval of the State Advisory Panel. It is this pre-treatment promise to the patient which the Department feels binds it to absolute confidentiality, both ethically and legally.

The San Francisco Department of Public Health has taken the position that it must to protect the patients' right to confidentiality of medical records and the patient-physician relationship. The physician is bound to this obligation by the code of Medical Ethics and the Hippocratic Oath which have been the standard of medical practice in the western world since 460 B.C. Drug addiction, regardless of the type of drug, is a medical and mental health problem. Successful medical and psychiatric treatment depend upon the patients' right to a confidential patient-physician relationship.

This position has been strongly supported by numerous community agencies, churches, community leaders, the public and the San Francisco Board of Supervisors, the Mayor, and the Chief Administrative Officer. This issue is currently before the Federal and State Courts.

#### Northeast Community Mental Health Services, Inc.

Community mental health services in the Northeast catchment area of San Francisco are provided through 13 distinct programs, six of which are directly operated by the City and seven which are contracted for by the City with Northeast Mental Health Services, Inc., a non-profit corporation. The Board of Directors of this corporation, in addition to fulfilling its contractual obligations, has acted as an advisory group to the City's mental health programs in the Northeast catchment area. However, during 1973-74, strong community sentiment surfaced which called for the establishment of a Northeast Community Advisory Board which would be more representative of the total community and be advisory to the corporation and the City's mental health program. It was agreed such a Board should be established. This newly organized Northeast Community Advisory Board and a new Clinical Director of the City's Northeast Mental Health Services will be functioning by early Fall of 1974.

#### PERSONNEL

In July, 1973, a Civil Service Unit was established in the Department of Public Health. This represents the first decentralization of Civil Service function in the City government. The purpose of the Department of Public Health Civil Service Unit is to conduct the recruitment and examination of employees for the Department and the classification of positions within the Department, with particular emphasis on San Francisco General Hospital. Through the joint efforts of the Department of Public Health management and Civil Service Commission management, the Board of Supervisors approved ten additional personnel positions in the 1973-74 budget for San Francisco General Hospital to accomplish the decentralization of the Civil Service functions.

A Memorandum of Understanding was drafted and approved by Department of Public Health and Civil Service Commission and subsequently amended to its present form. This document grants to the Director of Public Health and through him to the Departmental Personnel Director the authority to recruit and examine applicants for employment in certain agreed upon classes in Department of Public Health. It further authorizes Department of Public Health personnel staff to conduct position classification studies and to make recommendations for

reclassifications in the form of staff reports. Civil Service staff retains authority in both areas and must approve each action undertaken in examinations and classification. The accomplishments of the new decentralized Civil Service Unit are detailed in the Personnel Report.

## BUDGET

During the past five years, the Department of Public Health has operated completely within the appropriation budget, with an annual surplus ranging from 4.4 percent to 11.6 percent. This surplus was after funds were re-appropriated during the year to cover emergencies and grossly under-budgeted items.

The experience of the Department in managing its budget makes a strong case for program budgeting. It should be possible to have actual funding be three (3) percent below the program budget. This would represent a savings close to three million dollars which would not have to be placed on the local property tax base.

The new Medical Center at San Francisco General Hospital will have a formal opening on June 2, 1975. It is planned to have dedication ceremonies on that day with participation of community representatives, City officials, other dignitaries, officials of the University of California, San Francisco, members of the Health Advisory Board, the San Francisco General Hospital Community Advisory Board and various patient groups.

There are several areas and services in the new Medical Center which will not be completed on time unless supplemental appropriations requests from operational savings, are approved. The Department of Public Health requested \$720,000 to remodel the area for the Prison Ward and \$500,000 to redesign and relocate the Toxicology Laboratory. Money for these two essential services was requested in the regular and supplemental budgets for 1974-75 but was denied. The requests were resubmitted as supplemental appropriation requests in fiscal year 1973/1974, but they were held by the Administrative Assistant to the Mayor until it was too late to process them. With rigorous management, it may be possible to accumulate the necessary funds during the current fiscal year. If so, it will be necessary to mobilize forces to assure that these requests will receive favorable action by the Mayor's Office and the Board of Supervisors.

Department of Public Health

Comparison of Budget and Expenditures

1969 - 1974

	<u>Budget</u>	<u>Actual Expenditure</u>	<u>Balance</u>	<u>%</u>
<u>1969 - 1970</u>				
Central Office Bureaus	7,876,533	7,496,235	380,298	4.83
Institutions	35,048,348	33,561,963	1,486,385	4.24
Community Mental Health Services	15,893,804	15,151,991	741,813	4.67
Total Department of Public Health	58,818,685	56,210,189	2,608,496	4.43
<u>1970 - 1971</u>				
Central Office Bureaus	8,652,287	7,866,057	786,230	9.09
Institutions	39,896,791	38,302,786	1,594,005	4.00
Community Mental Health Services	17,213,213	14,401,897	2,811,316	16.33
Total Department of Public Health	65,762,291	60,570,740	5,191,551	7.89
<u>1971 - 1972</u>				
Central Office Bureaus	10,420,894	9,049,828	1,371,066	13.16
Institutions	47,517,092	43,872,411	3,644,681	7.67
Community Mental Health Services	18,089,225	14,619,040	3,470,185	19.18
Total Department of Public Health	76,027,211	67,541,279	8,485,932	11.16
<u>1972 - 1973</u>				
Central Office Bureaus	10,347,883	9,107,372	1,240,511	11.99
Institutions	46,925,339	44,939,861	1,985,478	4.23
Community Mental Health Services	19,335,665	17,718,215	1,617,450	8.37
Total Department of Public Health	76,608,887	71,765,448	4,843,439	6.32
<u>1973 - 1974</u>				
Central Office Bureaus	10,918,864	9,805,856	1,113,008	10.19
Institutions	51,574,305	47,502,668	4,071,637	7.89
Community Mental Health Services	23,310,456	21,397,744	1,912,712	8.21
Total Department of Public Health	85,803,625	78,706,268	7,097,357	8.27

Department of Public Health

Revenue and Expenditures

1971 - 1974

	<u>1971-1972</u>	<u>1972-1973</u>	<u>1973-1974</u>
<u>Central Office:</u>			
Revenue	1,383,457	1,354,365	1,814,167
Ad Valorem Tax	<u>7,666,371</u>	<u>7,753,005</u>	<u>9,104,697</u>
Total Central Office Expenditures	9,049,828	9,107,370	10,918,864
 <u>Institutions:</u>			
Revenue	31,685,697	27,706,477	27,580,650
Ad Valorem Tax	<u>12,186,714</u>	<u>17,233,384</u>	<u>20,222,018</u>
Total Institutional Expenditures	43,872,411	44,939,861	47,802,668
 <u>Community Mental Health Services:</u>			
Revenue	13,767,348	13,079,054	18,583,201
Ad Valorem Tax	<u>725,286</u>	<u>4,638,861</u>	<u>2,792,443</u>
Total CMHS Expenditures	14,492,634	17,717,915	21,375,644
 <u>Grand Total Department of Public Health:</u>			
Revenue	46,836,502	42,139,896	47,978,018
Ad Valorem Taxes	<u>20,578,371</u>	<u>29,625,250</u>	<u>32,119,158 *</u>
	67,414,873	71,765,146	80,097,176

\*\$1,390,908 savings in Ad Valorem tax due to expenditure savings not yet recorded.



Department of Public Health

Funds Expended for Public Health under the  
Auspices of the Department of Public Health

1973-1974

<u>Source of Funds</u>	<u>Amount</u>
Department of Public Health City Budget	\$78,706,268
City Budget - Other Department Charges	4,910,305
Other Funding Grants and Subventions	3,080,433
Grants to University for use in Department	3,000,000
Grant to Outpatient Department	<u>2,200,000</u>
Total Expenditures 1973-1974	<u>\$91,897,006</u>

Department of Public Health  
Non Budgeted Costs  
1973-1974

	Central Office	Emergency Hospital	Hassler Hospital	Laguna Honda Hospital	S. F. Gen. Hospital	Mental Health	Total
<u>Department of Public Works</u>							
Machines Serv.	17,849			241,938	364,663		624,450
M. & O. Costs	132,250		68,426	253,515	205,815		660,006
Repairs & Maint.	38,064	10,070		46,533	113,310	3,780	211,757
Gardening	16,790		16,226	40,798	58,897		132,711
Total	204,953	10,070	84,652	582,784	742,685	3,780	1,628,924
<u>Purchasing</u>							
Heat Light Power	43,992	3,801	5,779	28,806	50,235	3,239	79,041
Water	4,251	346	3,291	152,207	247,030	749	456,048
Depreciation	47,661	24,579	40,327	17,192	38,305		64,134
Bond Interest				279,328	1,088,800		1,480,695
					1,201,463		1,201,463
Total	300,857	38,796	134,049	1,060,317	3,368,518	7,768	4,910,305

PERSONNEL



## DEPARTMENT OF PUBLIC HEALTH - PERSONNEL

### ANNUAL REPORT, 1973-1974

#### I Creation of the Civil Service Unit in the Department of Public Health

A. July 1973 - Through the joint efforts of Department of Public Health management and Civil Service Commission management, the Board of Supervisors approved 10 additional personnel positions in the 1973/74 budget for San Francisco General Hospital. Utilization of these positions along with other personnel positions in the Department of Public Health has made possible the first decentralization of the Civil Service function in City government. The purpose of the Unit is to accomplish recruitment and examination of employees and classification of positions in the Department of Public Health, with particular emphasis on San Francisco General Hospital.

B. A Memorandum of Understanding was drafted and approved by the Department of Public Health and Civil Service Commission and subsequently amended to its present form. This document grants to the Director of Public Health and through him to the Departmental Personnel Director the authority to recruit and examine applicants for employment in certain agreed upon classes in the Department of Public Health. It further authorized Department of Public Health personnel staff to conduct position classification studies and to make recommendations for reclassifications in the form of staff reports. Civil Service Staff retains authority in both areas and must approve each action undertaken in examinations and classification.

C. Organization - The Civil Service Unit began operation in September 1973 when the first eligibles from the Civil Service list became available. Full staffing was not accomplished until January 1974. The initial months were spent in the mechanics of setting up the program, arranging lines of communication and areas of responsibility. At the same time, problems of a pressing nature required that a number of projects be undertaken prior to the creation of a solid program. Because of this break-in period and the unfilled positions, the unit did not reach its true work capacity until February 1974.

D. Tangible results can be broken down into number of lists of eligibles produced and classification studies undertaken.

#### I. Recruitment and Examination

a. San Francisco General Hospital positions - The problems facing San Francisco General Hospital centered around the misclassification of many positions allocated to the Hospital. Because of this, major emphasis was placed on correcting these classification problems so that proper examinations could be given at a later date.

By the end of June 1974, 14 lists had been adopted with a total of 475 eligibles on them. 7 examinations were in progress and 8 were in the planning stage.

b. Community Mental Health Services and Central Office positions - in these areas classification problems were of a lesser nature and more lists could be produced. By the end of June, 16 lists had been adopted with a total of 996 eligibles. 6 were in progress, and 7 were in the planning stage.

c. Continuous testing - the mechanism of continuous testing was implemented at San Francisco General Hospital for the recruitment and examination of Registered Nurses, a classification in which there has been a traditional difficulty of filling positions due to the inability to offer immediate permanent employment. Interviews are now held two days a week, and qualified nurses are offered immediate Non-Civil Service employment. Eligible lists are produced every two weeks, and immediate certification to a permanent position is made upon adoption of the eligible list. This has resulted in a dramatic increase in the number of Registered Nurses accepting employment; the most recent eligible list had a 90% acceptance rate. Continuous testing will be implemented for other entrance classifications in the near future.

d. A more detailed analysis of the examination program, including a breakdown of eligible lists and resulting certifications, is available at the Personnel Office.

## 2. Classification

a. San Francisco General Hospital - By the end of June 1974, 25 separate classification reports had been submitted to the Civil Service Commission for consideration; these reports covered all areas of the Hospital including long-standing problems in Medical Records, the Admissions Section and the Nursing Department; as few as 1 position and as many as 70 were covered in these reports. In addition, other projects

were under way at the time but were not, as yet, submitted. Of the 25 submitted, 6 were acted on by the Civil Service Commission and approved by the Board of Supervisors by June 30, 1974.

b. Community Mental Health Services/Central Office - By June 30, 1974, 15 projects had been submitted to the Civil Service Commission; of these, 3 were approved. All of these projects dealt with a small number of positions.

### 3. Certification

Although not specifically delegated by the Memorandum of Understanding, the certification function was also assumed by the Department of Public Health in order to speed up the placement of eligibles from the list in vacant Department of Public Health positions. This turned out to be one of the unexpected bonuses of decentralization, allowing the Department of Public Health to fill its vacancies much more rapidly and incidentally, freeing Civil Service Commission certification personnel from a significant workload.

E. Problems - Decentralization of the examination function has progressed smoothly. Cooperation and assistance from the Civil Service Commission Staff and Administration has made for a smooth transition and has allowed the Department of Public Health to meet the challenge of elimination of Limited Tenure appointments and the drastic cutback in the use of the Non-Civil Service appointment with a strong and responsive examination program.

The major problems seem to lie in the area of position classification. The City is currently saddled with a classification plan that has had no major overhauls since 1962. In a fast moving field such as Health Care, duties change drastically and entire new fields are created overnight.

F. Discussion/Recommendations - With the move into the new Hospital, the time has come to update and revise the classification plan for the Department of Public Health. A new physical environment, while of major importance, will not solve all the problems created by out-of-date position classifications.

The administrations of the Department of Public Health and the Civil Service Commission have agreed that a major overhaul of the

classification plan for the Department of Public Health is long overdue; the Department, therefore, will request in the next budget sufficient funds for the completion of a classification and compensation study to be undertaken by a private agency. Certain funds would also be set aside to provide further training for the Department of Public Health staff so that the classification plan which results from this study can be maintained and expanded or revised as necessary.

Certain organizational reforms have been proposed also; it has been suggested that the staff of the Civil Service Unit be gathered in one area under the Director of Personnel rather than maintaining scattered offices as is now the case.

## II Summary of Other Personnel Activities

A. Employee Relations - With the passage of the San Francisco Employee Relations Ordinance, a new era in City government is about to begin. These changes have been anticipated by the Department of Public Health in the various sections of the Department by the various Memoranda of Understanding which have been negotiated with the Unions. In addition to the experience gained in the negotiations and operations of the Memoranda, the Department of Public Health also arranged a training seminar for supervisory and administrative staff in the complexities, problems and opportunities the employee bargaining ordinance will bring.

### B. Federal Employment Programs

1. Emergency Employment Act (EEA) - During the period of November 1972 to June 1974, the Department of Public Health compiled an impressive record in the Emergency Employment Act program. Of a total of 189 Emergency Employment Act employees placed with the Department of Public Health in this time period, 110 eventually became certified to regular City positions, and 34 accepted employment in the private sector or with other civil jurisdictions. This represents a figure of 76.19% successful placements as a result of the program. When the figures for those who returned to school or who resumed special training are added to the job placements, the success rate according to Emergency Employment Act Standards becomes 83.07%.

Recently the Emergency Employment Act has been the target of cutbacks in Federal spending, and the number of employees in the program was seriously reduced. Fortunately, this program was superseded by the Comprehensive Employment and



Training Act (CETA).

2. Comprehensive Employment and Training Act - Those employees originally hired under the Emergency Employment Act program continued to work under the new program, which allowed the phase-out of the Emergency Employment Act to be accomplished with a minimum of disruption of services. In addition, the Comprehensive Employment and Training Act will provide for a limited number of additional positions. These positions will be entry level jobs in public service areas paying less than \$10,000 per year and offering the employee a reasonable opportunity for eventual permanent career placement.

C. Summer Employment - Once again, the Department of Public Health provided employment and on-the-job training to local disadvantaged high school students through various summer job programs arranged directly with the working units. San Francisco General Hospital alone employed about 130 students through the Neighborhood Youth Corps (NYC). The students were placed through the San Francisco School District, Horizons Unlimited -- a community agency in the Mission District, and the Mayor's Office of Manpower.

Other areas of the Department of Public Health employed students through these and other programs, especially the Summer Youth Program of the Center for Disease Control in Atlanta. Many of these students have returned, over the years, to the Department of Public Health as Permanent Civil Service employees.

D. Training - Training programs have been intensified in the Department of Public Health in the past year. A training officer was obtained for San Francisco General Hospital and succeeded in initiating and coordinating various training and educational opportunities for the Department of Public Health staff.

The seminar on Labor Relations, a revised orientation program for new employees, and other various projects were devised. It is hoped that the Department of Public Health will be able to obtain some of the various grant money that is available for training of employees and candidates for employment in the future.

Various promotional opportunities have been made available to Department of Public Health employees, such as the program offered by City College for orderlies to promote to Ward Clerks. Another educational program is the 20/20 program for nurses, in which the City and

the Department of Public Health encourage the nursing staff to upgrade their skills and education by enrolling in course work, on City time, which leads to a degree. The City also will reimburse fifty percent of the tuition costs for employees taking courses which will improve their value as employees. As a result, a significant number of Department of Public Health employees are now attending courses at City College, University of California, Berkeley, San Francisco State and Golden Gate University. In addition, City College and the Department of Public Health have planned the opening of a "mini-college" at San Francisco General Hospital to provide classroom instruction in subjects relevant to the Health Care field.

In related areas, the Department of Public Health has initiated the development of career ladders offering greater promotional opportunities by encouraging the implementation of the Arthur Young Report which revised the classifications in the Laundry and Kitchens at San Francisco General Hospital and Laguna Honda Hospital. The Radiology Department was also reorganized and new career ladders opened to those employees. At present there are plans to open lateral opportunities to allow employees to work in different areas, such as the kitchen and nursing. The final implementation of these plans will depend a great deal on the training program which will be the basis of these transfers.

Number of Positions for the Payroll Period  
Ending June 30, 1974

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<u>Divisions or Institutions</u>	<u>No. of Perm. Budgeted Positions</u>	<u>No. of Temp. Positions (1)</u>	<u>Total No. of Positions</u>
Central Office	524	67	591
Community Mental Health Services	730	178	908
Emerg. Med. Services	109	49	158
Hassler Hospital	6	-	6
Laguna Honda Hospital	1051	188	1239
S. F. General Hosp.	1981	309	2290
Summer Employment	-	130	130
	<hr/>	<hr/>	<hr/>
Total	4401	921	5322

- (1) Federal and State funded projects and grants.  
Emergency Employment Act.  
Part-time, as-needed, and temporary replacements.

Number of Employees for the Payroll Period  
Ending June 30, 1974

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<u>Divisions or Institutions</u>	<u>No. of Perm. Employees</u>	<u>No. of Temp. Employees(1)</u>	<u>Total No. of Employees</u>
Central Office	467	85	552
Community Mental Health Services	556	163	719
Emerg. Medical Serv.	77	54	131
Hassler Hospital	-	6	6
Laguna Honda Hospital	846	264	1110
S. F. General Hosp.	1649	343	1992
Summer Employment	-	130	130
	<hr/>	<hr/>	<hr/>
Total	3595	1045	4640 (2)

(1) Includes Emergency Employment Act employees.

(2) Number of employees exceed number of permanently budgeted positions because of part-time employments and temporary replacements where needed.

BUREAU OF RECORDS AND STATISTICS



# BUREAU OF RECORDS AND STATISTICS-BIRTH AND DEATH REGISTRY

Fees collected for certified copies of birth and death certificates increased to \$176,136 during fiscal year 1973-1974, \$1,661 more than the \$174,475 collected during 1972-1973 and \$44,066 more than the fees collected in fiscal year 1963-1964. Birth Registry collected \$75,826 for certified copies in fiscal year 1973-1974, \$32,958 more than was collected in 1963-1964. Death Registry collected \$89,403 in 1973-1974, \$10,745 more than 1963-1964. Amounts collected for removal permits and searches increased.

The drop in fees waived is attributable to State legislation effective 1-1-73 which reduced the entities entitled to have fees waived.

	<u>FISCAL YEAR</u>				
	<u>1971-72</u>	<u>1972-73</u>	<u>1973-74</u>	Change 1973-74 from 1972-73	Percent change
<u>Total Fees Collected</u>	<u>\$171,698</u>	<u>\$174,475</u>	<u>\$176,136</u>	<u>\$1,661</u>	<u>1.0</u>
Certified copies of birth	\$ 72,286	\$ 73,343	\$ 75,826	\$2,483	3.4
Certified copies of death	\$ 89,734	\$ 91,183	\$ 89,403	-\$1,780	-2.0
Removal permits deaths and Fetal deaths	\$ 9,546	\$ 9,744	\$ 10,375	\$ 631	6.5
Receipts for searches	\$ 132	\$ 205	\$ 532	\$ 327	159.5
<u>Fees waived</u>	<u>4,418</u>	<u>4,065</u>	<u>3,143</u>	<u>-922</u>	<u>-22.7</u>
Births	1,247	1,134	715	-419	-36.9
Deaths	3,171	2,931	2,428	-503	-17.2
<u>Certified Copies</u>	<u>85,499</u>	<u>87,743</u>	<u>86,322</u>	<u>-1,421</u>	<u>-1.6</u>
Births	37,472	38,374	38,324	-50	-0.1
Deaths	48,027	49,369	47,998	-1,371	-2.8
<u>Registration</u>					
Births	12,956	11,501	11,158	-343	-2.9
Deaths	9,219	9,350	8,770	-580	-6.2
Fetal Deaths	126	131	185	54	41.2

The provisional estimate of population for July 1, 1973, made by the State Department of Finance, was 681,200, a decrease of 34,474 or 4.8% less than the April 1, 1970 Census figure of 715,674 and 59,116 or 8.0% less than 1960.

POPULATION OF SAN FRANCISCO BY ETHNIC GROUPS

<u>ETHNIC GROUP</u>	<u>7-1-73</u>	<u>U.S. CENSUS APRIL 1</u>		
	<u>Estimates</u>	<u>1970</u>	<u>1960</u>	<u>1950</u>
<u>TOTAL</u>	<u>681,200</u>	<u>715,674</u>	<u>740,316</u>	<u>775,357</u>
White	467,500	511,186	604,403	693,888
Nonwhite	213,700	204,488	135,913	81,469
Negro	97,800	96,078	74,383	43,502
Chinese	61,400	58,696	36,445	24,813
Filipino	27,100	24,694	12,327	Inc. in Other
Japanese	11,810	11,705	9,464	5,579
American Indian	3,200	2,900	1,068	331
Other nonwhite	12,400	10,415	2,226	7,244

PERCENT DISTRIBUTION

<u>TOTAL</u>	<u>100.0</u>	<u>100.0</u>	<u>100.0</u>	<u>100.0</u>
White	68.6	71.4	81.6	89.5
Nonwhite	31.4	28.6	18.4	10.5
Negro	14.4	13.4	10.1	5.6
Chinese	9.0	8.2	4.9	3.2
Filipino	4.0	3.5	1.7	-
Japanese	1.7	1.6	1.3	0.7
American Indian	0.5	0.4	0.1	-
Other Nonwhite	1.8	1.5	0.3	0.9

San Francisco is unique in its multi-racial and ethnic mix with more "other nonwhite" than Negro population. Ethnic group estimates for 1973 follow the trends experienced during the decade 1960 to 1970 with a decrease, 43,686 or 8.5% in the white population and an increase of 9,212 in the nonwhite groups in 1973 over 1970. Crude birth and death rates for the U.S., California and other counties for 1973 are provisional; all jurisdictions showed continued sharp declines in 1973 birth rates. San Francisco's death rate was again considerably higher than that of other jurisdictions, chiefly because of the age structure of its population.

BIRTH RATES PER 1,000 POPULATION

<u>Year</u>	<u>U.S.</u>	<u>Calif.</u>	<u>Alameda</u>	<u>Contra Costa</u>	<u>Marin</u>	<u>San Francisco</u>	<u>San Mateo</u>
1960	23.6	23.7	22.9	22.8	22.9	19.9	22.5
1965	19.4	19.2	18.7	18.3	17.5	16.6	18.2
1970	18.2	18.1	17.1	15.8	15.3	15.5	15.4
1971	17.3	16.3	15.5	14.1	13.9	14.5	13.8
1972	15.6	14.9	13.8	13.1	11.4	12.6	12.1
1973	15.0	14.4	13.0	11.9	10.2	11.5	11.5



DEATH RATES PER 1,000 POPULATION

<u>Year</u>	<u>U.S.</u>	<u>Calif.</u>	<u>Alameda</u>	<u>Contra Costa</u>	<u>Marin</u>	<u>San Francisco</u>	<u>San Mateo</u>
1960	9.5	8.6	9.3	6.3	7.2	13.3	6.5
1965	9.4	8.3	8.8	6.6	6.9	13.1	7.0
1970	9.4	8.3	8.7	6.9	7.1	12.4	7.1
1971	9.3	8.4	8.7	6.7	7.2	12.0	7.1
1972	9.4	8.3	8.7	6.7	7.5	12.3	7.1
1973	9.4	8.3	8.8	6.9	7.1	12.0	7.4



## HOSPITAL SERVICES



SAN FRANCISCO GENERAL HOSPITAL



## SAN FRANCISCO GENERAL HOSPITAL

### Introduction

In the past thirteen years, San Francisco General Hospital has changed from a typical county hospital caring for all types of patients, including tuberculosis patients, patients waiting to be sent to State mental hospitals and the chronically ill, to a comprehensive Medical Center that has become a highly specialized treatment center for patients requiring emergency, trauma, acute critical care, and outpatient services that include primary, secondary and tertiary care. In 1961-1962, forty percent of the patients were receiving long-term care and outpatient services were limited to a small pediatrics and obstetrics clinic and a "follow-up" clinic for previously hospitalized patients. In 1973-1974, ninety-two percent of the patients admitted to the hospital required acute medical and surgical services, and 163,484 outpatients visits were made to the Medical Center.

As the role of San Francisco General Hospital has changed, there has been a major reduction of the inpatient census and length of stay, and a dramatic increase in outpatient or ambulatory services provided at the Medical Center. In 1962, there were 1,114 beds at San Francisco General Hospital with an average daily occupancy of 831, or 74.6 percent; in 1973, there were 509 beds available for use and an average daily occupancy of 338, or 66.4 percent. These changes are the result of the development of a health care delivery system which not only provides a improved inpatient services, but also provides a wider range of services in the Medical Center Outpatient Department, District Health Centers, Laguna Honda Home and Community Mental Health Centers.

San Francisco General Hospital serves a population that is, in many ways, unique when compared to the patient populations seen in other San Francisco hospitals. This population consists of: all major trauma patients and catastrophic illnesses; people from all socio-economic groups, regardless of their ability to pay; severely disturbed psychiatric patients; drug addicts, alcoholics from all socio-economic groups; would-be suicides and prisoners from the county jails and other patients under police guard. The sources of this patient population are: 1) persons requiring emergency medical care, and, victims of car accidents, gunshot wounds, stabbings, assaults, drug abuse, alcohol; 2) the community surrounding San Francisco General Hospital, i.e., Mission, Bayview-Hunters Point and South of Market; and 3) individuals who are medically indigent or unable to pay for medical care.

San Francisco General Hospital has become increasingly responsive to the needs of the community it serves. Medical and surgical services are available 24 hours, 7 days a week. San Francisco General Hospital has the only major trauma center with surgical teams and backup services ready to function 24 hours a day. Multi-disciplinary care teams are used to provide more comprehensive care and to insure

continuity in care. Multi-lingual staff is available to assist non-English speaking patients. In addition to the Mission Emergency and the inpatient units, the hospital also provides a wide range of outpatient services. More than 58 medical and surgical clinics are held on a regular basis, during the day and in the evening. The Pediatrics Clinic is open 7 days a week and in the evenings.

The San Francisco General Hospital and one private hospital are the only two hospitals in the southeastern part of the city which has a population of 300,000 people. Approximately fifty (50) percent of the non-emergency patients services by San Francisco General Hospital are residents of the surrounding community. Of the more than 2,000 private medical doctors in the City, fewer than 100 practice in this area. Thus, San Francisco General Hospital is the major provider of health care for a large section of the City. This point is highlighted by the fact that in spite of a comprehensive health program and a number of private physicians in the Mission District, this area accounts for almost 29% of the outpatients at the hospital.

San Francisco General Hospital is striving to provide the highest quality of medical care to the citizens of San Francisco. This is being demonstrated in part by the outstanding trauma service and the opening of new and specialized services.

The physical plant is being replaced in a reconstruction and modernization program scheduled for completion in 1975. This will be the new San Francisco Medical Center.

A new San Francisco General Hospital Community Advisory Board has been appointed by the Director of Public Health, and it is at work assisting in planning programs and services that will make the new Medical Center increasingly responsive to community needs.

#### MEDICAL DIRECTOR

A new position of Medical Director was created at San Francisco General Hospital in 1973. The Office of Medical Director serves as the Chief of Professional Services and together with the Hospital Administrator heads the management team at the hospital. This new office has the following services or units reporting to it: Clinical and Laboratory Services, Nursing Service, Pharmacy, Physical Therapy, Occupational Therapy, Medical Records, and Medical Library. The goal for the 1973-1974 was to assume responsibility for as many of these Units or Services as staff resources would allow.

Effective Clinical Service leadership has been present and has resulted in out-



standing patient care services across the broad spectrum of needs of those we serve. Coordination of these activities has proceeded smoothly as a consequence of the effective leadership of the Executive Committee of the medical staff, its subcommittees, and particularly its Chairman, Dr. Hibbard Williams. The Clinical Laboratory Service has provided outstanding service despite major problems.

The principal problems during the year centered around the Nursing Service and included shortages of personnel, mal-distribution of personnel, internal management deficiencies, lack of effective recruitment mechanisms, limited training capability, and no resources with which to initiate nursing care audit procedures. This has made an impact on the clinical services.

Among the achievements of the hospital experienced and enjoyed by the Clinical Branch have been the following: removal of the hospital from probationary status and full two year approval by the Joint Commission on Accreditation of Hospitals; opening of a six bed Burn Unit; initiation of a quality of care audit program which is setting the pace among hospitals in San Francisco; continuation of the Trauma Center Grant; an improved Messenger Service; and establishment of a Clinical Engineering Service to provide consultation and maintenance for services for electronic equipment.

Some of the goals for San Francisco General Hospital during 1974-1975 are: reorganization of the Nursing Service with new leadership and increased management support; assumption of responsibility for the other clinical support services, contingent on provision of additional staff support in the Medical Director's Office; initiation and completion of a time/cost/effort analysis of the contribution of the medical staff to patient care; negotiation of a new contract between the CCSF and UCSF for medical staff services which recognizes the relative value of the contributions of each to the missions of the other, and will result in a professional salary schedule which is competitive or at parity with that available in comparable institutions; exploration of alternatives for hospital and medical staff participation in prepaid health care plans; extension of quality of care (medical and nursing) audit programs to all Services; completion of plans for the transfer of Clinical Services into the new hospital; and establishment of a Clinical Laboratory based phlebotomy-messenger-data-posting service.

#### EMERGENCY SERVICES AND TRAUMA CENTER

San Francisco General Hospital has become a highly specialized treatment center for patients requiring emergency, trauma and acute critical care. It has the only major trauma center in San Francisco with surgical teams and backup services ready to function 24 hours a day. Approximately 60% of the patients are admitted to San Francisco General Hospital through the Emergency Room:

<u>AREAS OF ADMISSIONS</u>	<u>% OF ADMISSIONS</u>
Emergency Room (Ambulance Cases)	15%
Emergency Room (Other)	46%
Elective Admissions	24%
Clinics	14%
Transfers from other hospitals	1%
	<u>100%</u>

Approximately 152 patients are treated every day in Mission Emergency Hospital. In 1973-74 the Emergency Service treated 55,543 patients. The following chart indicates some of the types of problems seen in Mission Emergency:

	<u>TOTAL # PATIENTS</u>
Emergency Walk-ins	21,600
Auto accident victims	2,890
Assault victims	1,800
Gunshot wound victims	299
Stab wound victims	522
Ingestion patients	1,331

The primary objective of the Emergency Department is to provide skilled, up-to-date emergency medicine to the citizens and visitors of San Francisco. In addition to true emergencies, the emergency service provides primary care for urgent and non-urgent medical and surgical problems. Services are available for all who present themselves for treatment. The services cover the entire emergency medicine spectrum including the seriously injured, acutely ill, drug abuse, alcohol abuse, to the "guy on the street" who has no place to go and presents himself to the Emergency Department.

The Emergency Department is interfaced between the hospital and the general public. It serves as the main receiving unit for all critically injured patients and all major medical emergencies for the City and County of San Francisco. In addition, this area serves as a drop-in service for the surrounding community, i.e. Mission, Hunters Point, and Bay View area.

Within the Emergency Department, there are several related programs in operation:

Triage: This new concept was developed during the last year to help in traffic control and the handling of non-emergent patients who present themselves at the hospital. The triage nurses are Registered Nurses who are specially trained to take a brief history of the presenting complaint, assess the acuteness and severity of the patient's

illness and to expedite his evaluation and treatment. The patients are directed by the triage nurses to the appropriate area of management. All ambulance cases who are brought in are also reviewed by the Triage Nurse enroute to the treatment rooms.

Walk-in Service: This unit has been in operation for a little more than a year now. Patient load in this area has escalated from approximately 30 patients per day to now a patient load of 70-80 patients per day. The Walk-in Service is functional from 8:00 a.m. to midnight, seven days a week.

Trauma: All major trauma patients and major medical emergencies are treated in appropriate areas. Their immediate resuscitation takes place and immediate evaluation for proper management instituted.

For major surgical trauma, the trauma team from the hospital is summoned immediately and takes part in a team effort in resuscitation and definitive management of these patients. For major medical emergencies: i.e. myocardial infarction strokes and respiratory diseases the appropriate hospital service is summoned and responds immediately for the management of these patients. An example, is a patient with acute myocardial infarction with cardiac arrhythmia. Initial resuscitation takes place in the Emergency Service. At the same time the Cardiology Resident comes to the Emergency Room and helps direct his care to stabilize the patient. The patient is then immediately transferred to the Coronary Care Unit.

Drug overdose patients are managed in a similar fashion. Depending upon the degree of respiratory and cardiovascular depression, they are further observed and managed in the Emergency Room or they are immediately transferred to the critical care units in the hospital.

Minor Surgical Emergencies: Patients with minor surgical problems are managed immediately in the Emergency Room and follow-up care is then performed in the Surgical Outpatient Department. A line of communication has been established with the Surgical Outpatient Department and all patients are followed up there on a drop-in or appointment basis.

Observation Wards: This area is designated to provide continual observation of patients who are in the transition zone who may ultimately be discharged home or admitted to the hospital. Examples of this are patients who are somewhat obtunded from drug abuse, who



The New  
Burn  
Unit  
is Saving  
Many Lives



after two or three hours of management can be evaluated by the Psychiatry Department and discharged to outpatient care. Patients with head injuries may be observed in this area until appropriate disposition (either admission, surgery or home) can be made. This area also serves as a clearing house for the acute and chronic alcoholic patients. They are medically evaluated and observed until which time they can be referred to alcoholic treatment centers or discharged home.

In order for the Emergency Department to function more efficiently, efforts are being directed to improve public relations by creating an information center and improved patient flow. These projects will necessitate careful evaluation in the future and will, undoubtedly necessitate additional personnel to provide this service to the community. Another major program area to be developed is a more positive referral system between the Emergency Service and the Satellite Neighborhood Health Clinics. The need for this project is of the utmost importance in that several new neighborhood or satellite outpatient units are being set up throughout the City. Another program which needs developing is that of a more streamlined and efficient way of registering patients to be seen in the Emergency Department.

#### BURN UNIT

The Burn Unit at San Francisco General Hospital was opened on October 8, 1973. Since that time, there have been 77 admissions. The average monthly admission rate is 8.1 patients. Of the 77 patients admitted to the Burn Unit, 9 were children. The number of deaths is 8 for a total mortality rate of 10.3%, which is a reduction from 17.8% prior to the opening of the Burn Unit. Three of the deaths occurred in patients over 70 years of age; one of the deaths was in a patient 60 years of age, and three of the deaths were in patients 50 years or older. There was only one death in a patient 50 years old or less and this was a 47-year old patient with previous severe systemic disease.

The Burn Unit provides to the citizens of San Francisco a specialized trauma unit with expertise in burn nursing care, physical therapy, psychiatric care, occupational therapy and last, but not least, physician management of severe burns. As this unit has developed, so has the number of admissions to the unit to the point that there are now eight patients in the unit and an additional three patients who have been triaged out of the unit due to lack of space and are now being treated on the wards. It is hoped that this problem can be overcome by expansion of the unit.

The Unit has recently joined the National Information Burn Exchange and now participates in a nation-wide registry of burns regarding mortality and morbidity. Other projects instituted by the Burn Unit include application of laboratory-proven methods to improve care and treatment of the burn patient. These include vitamin A administration to improve wound healing, heparin therapy to promote an open microcirculation, and other similar projects. All of these projects provide the very latest concepts in burn care. During the next year, additional projects will be instituted.

#### CORONARY CARE UNIT

The Coronary Care Unit directs specialized nursing and physician care of patients with acute or recent myocardial infarction, arrhythmias, and other acute myocardial disorders. This program has pioneered many techniques in the diagnosis, care and treatment of cardiac conditions. Under a Regional Medical Programs grant, it has served as a teaching center for physicians who come to San Francisco from all parts of Northern California to study management and care of cardiac patients.

#### NORTHERN CALIFORNIA RENAL DIALYSIS CENTER

The only state-supported chronic dialysis center in the Bay Area for adults and currently one of two such units for children. The Center provides treatment and consultation before and after transplantation as well as dialysis for patients awaiting kidney transplant operations. It has ten beds and will be expanding for more sophisticated service, including an expanded program for training in home use of artificial kidney machines. This unit serves many patients not admitted to other hospitals, especially those with medical complications. Under the new Social Security Act, 80% of the cost of both dialysis and kidney transplantation will be paid for by the government.

#### THE CLINICAL STUDY CENTER

One of 80 such centers at major medical institutions funded by the United States Public Health Service, the San Francisco General Hospital Clinical Study Center is operated in conjunction with University of California, San Francisco. The purpose of the Center is to do long-term or specially-controlled medical investigation which usually can not be conducted in most hospitals because of technical or financial limitations. This Center has a highly-trained research team of doctors, nurses, dieticians, and laboratory technicians for maximal patient care and observation, a complete dietary facility, and specially equipped laboratories for use of the newest analytical techniques. Major advances have been made in the diagnosis, understanding and treatment of certain types of anemia, neurological disorders, hormone disorders, and kidney disease. This Center has received world-wide recognition

for its work in the diagnosis and treatment of hypertension related to tumors of the adrenal gland.

#### RESPIRATORY INTENSIVE CARE UNIT

Respiratory Intensive Care Unit is reserved for patients with tuberculosis or non-tuberculosis respiratory disorders who need careful nursing supervision and laboratory evaluation to monitor blood gasses, ventilation, and other respiratory and hemodynamic variables.

#### DETOXIFICATION UNITS

These units consisting of a 20-bed Alcohol Detoxification unit and a 12-bed Drug Unit, treat not only the medical aspects of drug and alcohol addiction, but also provide social and psychiatric treatment. These units work closely with Community Mental Health Services programs to insure follow-up treatment.

#### STROKE RESEARCH

An investigative center located at the Hospital and studying causes and prevention of strokes, is the only one of its kind on the West Coast, supported by a National Institutes of Health grant.

#### COMMUNICABLE DISEASES AND TB

San Francisco General Hospital maintains isolation wards for patients with infectious diseases such as hepatitis, meningitis, typhoid, diphtheria, and leprosy. The hospital is also a center for treatment of tuberculosis which remains a major problem in San Francisco. The rate of tuberculosis in the City is two and one-half times that of the rate of state and the nation.

#### DIVISION OF OUTPATIENT AND COMMUNITY SERVICES

As San Francisco General Hospital has changed from a facility primarily caring for patients with all types of illnesses, chronic diseases, tuberculosis and psychiatric illnesses to a comprehensive medical center which provides not only highly specialized inpatient services but also a wide range of outpatient and community services, this Division has grown tremendously since 1969. The primary objectives of the Division of Outpatient and Community Services (DOCS) are to develop and provide primary, secondary and tertiary ambulatory care services at the hospital and in the community. To make services more accessible and acceptable to the community, DOCS has established five primary care centers, two of which are satellite clinics. In addition, DOCS continues to provide an increasing number of backup services to neighborhood health centers, community agencies and private physicians.



Family  
Health  
Care



Physical  
Therapy



The Division of Outpatient and Community Services (DOCS) is responsible for General and Specialty Outpatient Clinics at the Hospital, Community Based Satellite Clinics, Employee Health Service, Health Education and Training Programs for Ambulatory Care Personnel, Health Care Evaluation and Information Services in Ambulatory Care and Youth Programs. The Director of the Division reports to the Medical Director and Associate Dean.

The principal objectives of the Division are to develop and provide primary, secondary and tertiary ambulatory care services both at the Hospital and in the Community. It also has responsibility for those community liaisons with other ambulatory care units of the City including the District Health and Mental Health Programs of the Department, other ambulatory care facilities, and related educational and social programs that serve our patient population.

An important aspect of the Medical Center is the backup services provided to neighborhood health clinics and centers, and community agencies by the Division of Outpatient and Community Services. San Francisco General Hospital has agreed to provide secondary and tertiary ambulatory and inpatient services that are not available in other institutions to patients of the Northeast Medical Services Clinic, the Mission Neighborhood Health Center, Native American Health Center, Ambulatory Health Care Facility Corporation in Southeast San Francisco and the North of Market Clinic. In addition, the Medical Center, through its 58 specialty clinics and primary care centers, serves patients from the surrounding communities, i.e., individuals from day care centers, drug treatment programs, geriatric programs, Head Start, District Health Centers, Community Mental Health programs, public schools, youth programs and social agencies. As the largest ambulatory health service in the eastern half of the city, DOCS provides the essential secondary and tertiary services that enable many community programs to better serve their clients. There has been a dramatic increase in the total patients served and the total number of patient visits to the Outpatient Department at the Medical Center.

A major effort over the past year has been the development and reorganization of five (5) primary care Health Centers. The Adult Health Center was reorganized from existing clinics. It combines General Medicine and General Surgery as well as Specialty Clinics and Employees Health Service. The Children's Health Center includes Pediatric, General and Specialty Clinics and related learning problem programs, such as the Latino Assessment Center. A new Family Health Center was begun this past year, which is now reaching full capacity in providing care to both adults, children and their families. This Health Center is also the home base for the newly developed Family Practice Residency Program, which has attracted national recognition. The

South of Market Health Center is a satellite clinic, now temporarily housed at the Canon Kip Community House. It will be moving into a newly remodelled facility at Russ and Minna Streets in the next year. A second satellite clinic is being developed for Potrero Hill and should be opened in April, 1975.

In addition to the general increase in total patients served and the total number of patient visits, a variety of new services have included additional nurse practitioner services, optometric and podiatric services, clinical pharmacy services and general dental services. The latter are available initially to the South of Market and Potrero Hill residents only. The Division now has a total of 14 Nurse Practitioners distributed among all of the Health Centers. This program received official recognition by the State Health Department as one of the experimental Health Manpower Programs advising the State Legislature. In addition, a unit manager program was begun this year to provide more efficient administration at the unit level and to relieve medical and nursing personnel of certain administrative duties so they can be more fully available for providing health services.

Evening clinics and preventive services are now offered in all clinical units. Improved patient amenities include free coffee and TV in waiting areas. All clinics have been repainted and new signs provide clearer directions for patients.

A major effort in the past year has been the development of the quality assessment program. This program is providing systematic evaluation of the quality of care within each of the clinical units. This effort began with the development of a Health Care Audit Program within each unit, and, through funds available extramurally, will include a consumer group for each unit to join with the providers in developing an evaluation plan for clinical units. An automated data system has been developed and installed in the South of Market and Family Health Centers to provide ongoing information on patient population and types of health services delivered. A comparative study of the primary care units is now being developed under funds from Health, Education and Welfare.

The Health Education and Training Unit has developed an orientation program to both the principle and programs of the Outpatient Division. This orientation has been offered to all employees working in the Outpatient Division, regardless of funding source. It has also been offered to staff or associated community agencies who wish to know more about the outpatient services at the Hospital. In addition, the unit has conducted in-service training for the units as a whole and selected training programs for new

types of personnel, such as the unit managers and family health workers.

An extremely close working relationship has been developed with the community through the San Francisco Medical Center Outpatient Improvement Programs, Inc. This consumer dominated corporation is the official delegate agency for a large Health, Education and Welfare grant to improve outpatient services at San Francisco General Hospital. The Board of Directors and its Committees have been actively concerned with all aspects of the outpatient programs and have also served in an advisory capacity to the Hospital Community Board. This grant was just renewed in April, 1974 at a level of \$2,000,000.00.

Planning for the new clinics was a major activity during this program year. Although a new clinic building was planned along with the new Medical Center, the plan did not anticipate the extraordinary growth of ambulatory services at San Francisco General Hospital. Therefore, it will be necessary to continue some of the clinics in old hospital space to be able to continue even the present level of operations.

The Outpatient Division has been the site for important teaching activities for the University, Community College and secondary schools. University health professional students at the undergraduate and graduate level are involved in the ambulatory clinics in the fields of medicine, dentistry, pharmacy and nursing. In addition, nursing and Licensed Vocational Nursing students from Community College also receive part of their training in the Outpatient Division. A large Summer Youth Program is coordinated by the Division with placement of students throughout the hospital. Secondary school students also work during the school year for academic credit through a program developed in association with the San Francisco Unified School District.

The past year has been an active period of developing new services and programs by the staff and community representatives. This development will be continuing over the next year culminating in the completion and opening of the new clinics of San Francisco General Hospital.

### ACCREDITATION

After a site visit in 1973, the Joint Commission on Accreditation for Hospitals approved San Francisco General Hospital for full accreditation for two years. The hospital had been placed on probation for two successive years as a result of deficiencies, many relating to the structure of the old buildings. In response to the Joint Commission on Accreditation for Hospitals,

the hospital began a concerted effort to correct these deficiencies. The following steps were taken to insure a more efficient and safe operation of the hospital: policy and procedure manuals were developed for all departments; a clinical engineering department was established; an orientation program for all new employees was begun; automatic sprinklers were installed in the kitchen and laundry; fire doors were installed in stairwells; Hospital by-laws were developed; pre-employment health examinations for temporary employees, as well as annual health examinations for all employees were begun; an Emergency Walk-in Service with a nurse triage system was established; Medical Care Evaluation Studies were started; new Medical Staff By-Laws were adopted; In-service Training Programs for all department heads and supervisors were started; an Inpatient Prescription Service was established; a Civil Service Unit at San Francisco General Hospital was established; and, an Employee Health Service program was started. These improvements should result in better patient care at the hospital.

#### PHARMACY SERVICE

The hospital pharmacy services the inpatients and outpatients, Emergency Hospitals, District Mental Health Centers, decentralized T.B. Centers, South of Market Clinic, City Prison, County Jails, Youth Guidance Center and the New Start Center. The pharmacy service implemented a pilot unit-dose program in three (3) wards which will eventually control the entire new hospital. It has implemented an Intravenous additives program which was recommended by the Joint Commission on Accreditation for Hospitals. The pharmacy is open every day of the year. In June, 1974 the two millionth outpatient prescription was filled.

<u>Inpatient Activities in 1973-74:</u>	<u># of Prescriptions</u>
Hospital Ward Items (net units) per year	600,000
Requisitions filled	175,000
Hypnotic and Narcotic sheets issued	60,000
Ward Checks	500
Prepackaged prescriptions	50,000
Manufacturing	5,000
Professional calls to medical staff	35,000
Outpatient prescriptions	186,655



Medical  
Records,  
Pharmacy  
Services are  
Important to  
Patient Care



## DEPARTMENT OF RADIOLOGY

The following table outlines the diagnostic procedures done in 1973-74:

Number of patients	72,945
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Number of diagnostic examinations	105,322
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### Location of Patient by Examination

In-Patients	29,797
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Out-Patients	16,673
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Emergency and Trauma Center	26,475
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## HOUSEKEEPING DIVISION

The Joint Commission on Accreditation, in their 1973 inspection, recognized the major improvement in the standard of cleanliness of the hospital. This is attributed to the housekeeping department. During the year approximately 78% of the housekeeping staff received 20 hours of Comprehensive In-Service Housekeeping Training. Job and duty performance scopes were written or revised for all major patient care areas.

The hospital has contracted with C.A.S.H. - Commission for Administrative Services in Hospitals - to help promote efficient services in the present facility and formulate plans for an orderly transition of the new Medical Center. The Joint Commission on Accreditation of Hospitals made the recommendation.

"A Housekeeping Employee of the Month" has been established for outstanding work.

## MESSENGER, MAIL AND REPRODUCTION DIVISIONS

In January, 1974 the messenger, mail and reproduction divisions were reorganized and the responsibilities of these departments were assigned to one department head. The messenger section provides efficient delivery service of patients, supplies and equipment throughout the hospital. The mail section collects, sorts and distributes United States and Hospital mail three times a day. The reproduction section provides a centralized duplicating service to all hospital departments.

## FOOD SERVICES

The dieticians conducted three patient food service surveys, and the results indicated meals were satisfactorily served with sufficient quantity and attractive appearance. Thirty percent of the patients complained of cold meals.

The Aladdin Tray System is being tested for possible future use in the new Medical Center. A tray line system of food distribution is being used also in anticipation for the move to the new hospital.

The department has expanded to provide services to outpatients in community activities associated with San Francisco General Hospital.

1. New food project for Senior Citizens.
2. The Bayview Mental Health Center receives meals in conjunction with their group therapy program.
3. The Emergency Room Service receives meals for those persons who are required to spend a long period of time for observation purposes.
4. Meals are served to the Dialysis Unit.
5. The Outpatient Diabetic Clinic requires one breakfast per week for testing and instruction to diabetic patients.

A selective menu is being planned for a limited number of patients.

## LINEN SERVICE

The linen service department plans to install new equipment for the processing of polyester cotton blend linens and uniforms. The change is necessary because the textile market is moving away from 100% cotton to the polyester blend material.

## MAINTENANCE AND REPAIR OF BUILDINGS AND GROUNDS

The emergency services, outpatient clinics, hallways, Clinical Laboratories, Pathology Building and other areas were completely painted. With the use of bright colors these areas were made more attractive for the thousands of persons using these facilities each month.

## SATELLITE CIVIL SERVICE UNIT

The City and County's first "satellite" Civil Service Unit is now functioning



The Hospital's  
Laundry  
Has the Latest  
Equipment  
and Systems



at San Francisco General Hospital. The Personnel Director, Department of Public Health, has administrative responsibility for the unit.

The new unit has been handling job certifications, issuing examination announcements, reviewing and revising a number of job classifications and job descriptions. It will be administering examinations for jobs throughout the Health Department, including San Francisco General Hospital and Laguna Honda Hospital.

The unit will be subject to Civil Service rules and will continue to report to the Civil Service Commission.

#### BILLING DEPARTMENT

During 1973-74 a Litton Data Collection System was installed to capture information relating to patient services and identification. All patients have a plastic identification card which is used to request and record individual patient services. This is accomplished by using data punch machines and special service forms.

#### ELECTRONIC DATA PROCESSING PROGRAM

In December, 1973 Gottfried Consultants Inc. completed their review of the hospital's data processing requirements and prepared a long range plan to meet current and future Electronic Data Processing systems support. In accord with this plan an Electronic Data Processing Manager was hired. Approximately ten system and program personnel will be located at the hospital to implement the long range plan. This effort is starting at a most appropriate time, since passage of the Hospital Disclosure Act requires all California hospitals to report financial information in a uniform manner. State regulations have been adopted which define the accounting and reporting system to be in effect July 1, 1974.

#### VOLUNTEER AUXILIARY

The objective of the Volunteer Auxiliary to San Francisco General Hospital were realized abundantly in 1973. These include providing volunteer services throughout the hospital.

Several hundred patients were furnished clothing when they were ready for discharge. This clothing is obtained through the generosity of members and friends of the Auxiliary. Other basic needs were met, such as essential cosmetics, taxi and bus fares, for which patients were otherwise unable to pay. In addition to meeting basic needs, the Auxiliary provides



Construction  
of the  
New  
Medical  
Center  
is nearing  
completion



amenities for these lonely people. Birthdays were observed with cakes and gifts.

For the holiday season the volunteers decorated the halls and wards, with the result that the hospital was resplendent. Childrens' gifts numbered 940, which were distributed through Ward 82 and the Clinics. A total of 2795 gifts were received through the Auxiliary by the patients in the hospital - all wrapped and distributed by volunteers.

The Auxiliary purchased furniture and decorated four waiting rooms for expectant mothers, for fathers awaiting their wives deliveries, for the families of patients in Intensive Care Unit and Surgery, also for the Cardiac Care Unit. Television sets have been provided and maintained throughout the hospital as usual. The Auxiliary donated \$1,000.00 to the San Francisco General Hospital News Sheet to help defray the cost of publication.

Due to the energy crisis, the Auxiliary did not hold its usual fund raising benefit in November at Ghirardelli Square. Instead, letters were sent to the mailing list, with the suggestion that supporters "Light a Face" at San Francisco General Hospital through a monetary gift. The returns were equal to those of previous years benefits.

Additional funds were realized through a membership drive, memorial contributions and a percentage of the profits of the hospital vending machines.

#### SAN FRANCISCO MEDICAL CENTER

Construction of the new Medical Center should be completed by June, 1975. The new facility includes 590 beds and a five-story outpatient clinic building. It will have over one million square feet of space and will be seven stories. Its modern design will provide a more pleasant environment for both patients and staff, will enable the staff to provide the highest quality of care, and will be more efficient to operate than the existing hospital.

In contrast to the old, sprawling hospital buildings, scattered services and large patient wards, the new Medical Center will have the following features. Inpatient units will be located in four nursing towers overlooking a panorama of views. These towers surround a central core in which service areas will be located. There is a total of 22 nursing units, consisting of one and two bedrooms, all with modern electric beds, private lavatories,

telephones, good ventilation and pleasant color schemes. The new facility will also include the following units and special features. There will be five Intensive Care Units: Medical/Surgical, Respiratory, Coronary, Burn and Neurosurgical. There will be seven surgery suites, including ten operating rooms in the surgical area and four in the emergency area. Two additional operating rooms are shelled in for future expansion. Two banks of elevators include three special elevators exclusively serving emergency surgery, 12 elevators for general use, and two freight elevators. The Radiology and Emergency services will be located back-to-back on the ground floor. Central Supply, Emergency Surgery, Surgery Suites, Surgical Wards, and Acute Care Units are integrated into a tightly knit system for better organized patient care. The most advanced automated Centrex phone system and electronic paging system will also be incorporated into the facility. Specialty outpatient services will be housed in the new clinics building, close to their respective inpatient locations. Due to limited space in the new clinics building, two major primary care clinics, the Adult Health and Family Health Centers, will be in remodeled and expanded space in Buildings 80 and 90.

A team to plan, coordinate and direct the move and the realignment of services has begun to develop the detailed plans for the transfer of patient services and systems, personnel and equipment from the old hospital to the new Medical Center. During 1974-75, this team will develop methods and techniques that will: 1) Assure the safety and comfort of patients, continuity of nursing and medical care, and minimum disruption of routine hospital activities during the move; 2) Insure, to the greatest extent possible, the reliability and correct operation of the new systems being installed; and, 3) Provide control of the multi-million dollar inventory of new equipment and equipment being transferred into the new facility. An important phase of planning will be training the staff and personnel for the move, and the operation of the new systems - such as the latest in electronic communications equipment and modern conveyors for the movement of supplies.

#### STATISTICAL SUMMARY

During 1973-74, San Francisco General Hospital admitted 17,220 patients and there were 439 live births. The average daily census was 338 patients and the average hospital stay was 7.9 days. There were 177,803 outpatient visits made to the hospital. These figures are broken down as follows:

### Inpatient Services

Beds available for use	509, plus 15 bassinets
Average daily census	338 patients
Total newborns	439 babies
Total admissions	17,220 patients
Acute Medical Surgical Admissions	15,962 patients
Psychiatric admissions	1,258 patients
Average Hospital stay - SFGH	7.9 days
General Medical/Surgical	8.0 days
T.B.	35.7 days
Orthopedic	8.9 days
Psychiatry	5.0 days
Average Hospital stay in Bay Area	7.3 days

### Outpatient Services

Outpatient department	107,941 patient visits
Mission Emergency Room	33,943 patients
Mission Emergency Walk-in Clinic	21,600 patients
Chest Clinic	14,319 patient visits
Total Outpatient Visits	177,803

There were fewer medical/surgical admissions in 1973-74 than in 1972-73. This decrease was due to the nine day strike of City employees. In anticipation of the strike, the hospital reduced the number of elective and non-emergency admissions. One week before the strike, there were 314 patients in the hospital; on the first day of the strike, the patient census had been reduced to 258; and, the lowest patient census during the strike was 154.

During the strike, 13 wards were closed by discharging as many patients as possible and by transferring to other institutions all MediCal and Medicare patients and other patients that had insurance who could be transferred without endangering their lives. Wards closed during the strike were not reopened and functioning at pre-strike levels until six weeks after the strike. Thus, as a result of the strike, it is estimated there were 887 fewer medical/surgical admissions to San Francisco General Hospital during 1973-74.

It was only because of the dedication of certain doctors, nurses and other personnel at San Francisco General Hospital, plus the many hours of services by volunteers, that the hospital services were maintained. Doctors, nurses and volunteers operated the laundry, washed dishes, prepared food trays, pushed food carts, fed patients, scrubbed and cleaned ward areas, besides performing their regular professional duties. Also, as a result of the strike, a new spirit in the hospital, one which will bind the University of California San Francisco and the Department of Public Health staffs more closely in developing an outstanding Medical Center and provide one level of services to the community, was created.

During the past 13 years, the patient population at San Francisco General Hospital has changed. In 1961-62, forty (40) percent of the patients were receiving long term chronic care, whereas in 1973-74, approximately ninety-two (92) percent of the patients required acute general medical and surgical services. In 1962 there were 1,114 licensed beds at San Francisco General Hospital with a daily occupancy of 831, or 74.6 percent; in 1973 the total number of beds available for use was 509 with a daily occupancy of 338, or 66.4 percent. This represents a dramatic change in the health care delivery system. Today unnecessary and prolonged hospitalization has been either eliminated or markedly reduced for chronic diseases, tuberculosis and psychiatric illnesses. In 1961-62, there were an average of 185 chronically ill medical patients who were awaiting transfer to either Laguna Honda or to Hassler Hospitals. In addition, there were 508 patients admitted with active tuberculosis who were hospitalized on the average of one year, whereas in 1971 there were 138 patients hospitalized with an average stay of 90 days, but with 73 percent of the patients remaining in the hospital less than 60 days. And, in 1961-62, twenty-nine (29) percent of the total admissions to the hospital were to the Psychiatry Service, as compared to only 7.3 percent in 1973. As the data indicates, patterns have changed dramatically; this is due to not only improved inpatient services, but also to greatly expanded services in the District Health Centers, outpatient clinics and Laguna Honda Hospital. Today, chronic and convalescent patients are being sent to Laguna Honda Hospital and other convalescent facilities; tuberculosis patients are discharged much earlier and treated in clinics near their homes; and, psychiatric patients formerly admitted to San Francisco General Hospital, enroute to State Hospitals, are now being treated as outpatients and/or are hospitalized for a much shorter length of time.

San Francisco General Hospital is presently licensed for 653 beds but only 509 are actually available for use. Of the 509 beds available, 195, or approximately 38.3 percent are for specialized services and cannot be used for other purposes. These services include: Medical/Surgical ICU;

Burn Unit; CCU; Neurosurgical ICU; Respiratory ICU; Alcoholic detoxification; communicable disease; maternity; pediatrics; drug detoxification, psychiatry; OB/GYN; TB; Clinical Study Center; and the Jail Ward. Occupancy in each of these areas varies greatly, i.e., from average daily occupancy of 22 percent on the Maternity Ward to 74 percent occupancy on the Jail Ward.

A comparison of acute medical and surgical patients admitted to the hospital indicates there were 13,813 admissions in 1961-62 and 15,962 admissions in 1973-74. This represents an increase of 2,149 patients or a thirteen (13) percent increase over the past 12 years. Because of the level of seriousness of the patients' illness, there has been a radical shift in nursing staff patterns. For example, in 1962, 303 or 36.5 percent of the patients who were chronically ill were cared for by 21 nursing personnel, or one hour or less of nursing care per day. In 1973, the staffing pattern on an intensive care unit utilizes 21 nurses for 14 patients or 12 hours of nursing time per patient per day. Also, it is now necessary to maintain a higher level of medical, nursing, ancillary and paraprofessional, and professional personnel. Many patients treated at the Emergency and Trauma Center for toxic ingestions, gunshot wounds, stabbings, assaults and auto accidents in 1973 are being saved because of specialized nursing and other supportive services, which could not be provided at 1962 levels without a rapid rise in mortality. Furthermore, medico-legally many more specialized tests and special procedures are required to diagnose and follow the progress of the patients, especially the severely traumatized. Thus, more rather than fewer personnel are necessary in the clinical laboratories, the radiology department and specialized care units.

TOTAL ADMISSIONS, PSYCHIATRIC ADMISSIONS AND  
GENERAL MEDICAL AND SURGICAL ADMISSIONS\* TO  
SAN FRANCISCO GENERAL HOSPITAL BY YEAR

YEAR	TOTAL ADMISSIONS	PSYCHIATRY ADMISSIONS	PER. CENT PSYCH. ADM.	GEN. M.S.* ADMISSIONS
1973-74	17,220	1,258	7.3	15,962
1972-73	16,988	946	5.5	16,042
1971-72	17,753	888	5	16,857
1970-71	19,058	1,757	9.2	17,301
1969-70	19,739	2,517	13.0	17,222
1968-69	19,500	3,213	16.5	16,287
1967-68	18,887	3,378	17.8	15,509
1966-67	18,409	3,781	20.5	14,628
1965-66	19,814	4,505	22.7	15,309
1964-65	20,854	5,208	24.9	15,646
1963-64	20,855	6,038	28.9	14,817
1962-63	19,423	5,530	28.4	13,893
1961-62	19,468	5,655	29.0	13,813

\* Includes general medical, surgical, obstetric, gynecologic and pediatric admissions.



EMERGENCY MEDICAL SERVICES



## EMERGENCY MEDICAL SERVICE

### Purpose

The Emergency Medical Service provides ambulance service and emergency care for patients from the time of need, until the patient can be transferred to permanent medical care. This service is also an invaluable adjunct to other divisions of the Health Department, as well as to most other Departments in the City. It cooperates with Police and Fire Departments, many times daily; with the Municipal Railway, Department of Public Works, Social Services and many other agencies.

### Objectives

The prime objective of the Emergency Medical Service is to provide the finest quality of emergency medical care available to the citizens of San Francisco. This will be accomplished by the initiation of a sophisticated Radio Telemetry System, involving public and private hospitals and ambulance services and by an intensive series of training programs to upgrade skills of all physicians, nurses and Medical Stewards/Drivers in the Emergency Medical Service. These training programs will also be offered to physicians, nurses and ambulance crews in the private sector.

### Program

Medical care and ambulance service are provided at four emergency medical aid stations: CENTRAL, ALEMANY, HARBOR, and PARK. Ambulance service only is provided from SUNSET and BAYVIEW ambulance stations.

Mission Emergency is actually the trauma unit of San Francisco General Hospital and all medical and nursing staff are provided by the hospital; however the 24-hour ambulance service stationed at Mission is provided by the Emergency Medical Service.

Staffing of the four Emergency Medical Aid Stations consists of one doctor, one registered nurse, one medical steward and one ambulance driver with the exception of Central, which has one additional ambulance from 8:00 a.m. to midnight.

Eight new permanent Medical Steward/Driver positions have been allocated in the 1974/75 Budget, thus insuring permanent operation of the Sunset Ambulance Station and increasing the daily operation at Bayview Ambulance Station from 16 hours to 24-hour-service.

The nursing position previously assigned to Central Emergency from 3:00 p.m. to 11:00 p.m. has been reclassified to Head Nurse, thus providing needed nursing supervision.

## NEW SERVICES

### Radio Communications System

The first phase of the Radio-Telemetry System has been in operation since July 1973. This portion of the system included installation of radio equipment for direct dispatch of ambulances. Two dispatch frequencies were allocated, the primary frequency being 155.220 MHZ and a back up frequency on the local government channel, 158.760 MHZ.

Recording equipment for taping of all incoming and outgoing radio and telephone traffic and direct radio link between Central Emergency Control and the Trauma Center at Mission Emergency were also installed. This enables a Medical Steward in an ambulance, with a critically ill or injured patient, to talk directly to a physician at the Trauma Center while enroute to that facility. Additional personnel are required to adequately man the Communications Center. This operation is now covered by two Senior Medical Stewards per shift.

### E. C. G. Telemetry System

In conjunction with the Radio Communications System, we will be monitoring heart and suspected heart patients directly from the scene and from the ambulance. The signals will be read by a specially trained physician at Central Emergency or one of the participating private hospitals.

Five Telemetry Channels and 2 dispatch channels have been allocated to the Department of Public Health for this purpose. Central Emergency Control will coordinate use of these channels for both public and private ambulances.

Installation of additional equipment, i.e.: Radio, Telemetry Monitoring Consoles and Poison Control Information, will necessitate relocating the Central Emergency Control Center to a larger area within Central Emergency.

#### Center for Victims of Sexual Assault

Central Emergency has, for many years been virtually the only facility for examining victims of sexual assault in San Francisco, 430 victims were seen in 1973. Public awareness and our own realization that certain aspects of care given these victims were in need of revision, thus we have relocated, within Central Emergency, the area in which the examinations are performed, to give a more private and restful atmosphere. The doctors' reports have been revised to eliminate unnecessary questioning of the victim, prophylactic drugs for venereal disease and pregnancy preventive drugs are now available to those who desire them.

Funding has recently been acquired to renovate the Center for Victims of Sexual Assault. This funding will provide for a completely private examination room with adjacent lavatory and shower facilities and a room furnished in a non-clinical manner in which the victims may be counseled and interviewed.

Additionally, a volunteer program is being set up whereby victims of sexual assault may have the benefit of counseling immediately following the assault. Volunteers will be screened and trained by professional staff.

#### Training

A 340 hour training program for all Medical Stewards and Ambulance Drivers began in October. Didactic instruction was given through the San Francisco Community College, Adult Division, while the clinical portions of the course were held at San Francisco General Hospital. Training covered all aspects of Emergency Medical Care with a degree of emphasis on pre-hospitalization coronary care.

A total of 50 men successfully completed the course and attained their EMT II certificates. Twenty-eight of the students were Emergency Medical Service Medical Stewards/Drivers. The balance of trainees were employees of private sector ambulance companies.

Fifteen registered nurses have successfully completed a 160-hour training program designed specifically for and covering all aspects of emergency room nursing.

Funding has been acquired to continue present programs and to initiate in-service training for all members of the Emergency Medical Service staff and will include driver training and clinical internship programs for all Medical Steward/Drivers successfully completing the 340-hour EMT II Course.

### Equipment

Delivery of twelve new ambulances was completed in January 1974 replacing the previous fleet with completely redesigned units. Two of the old ambulances were retained and will be converted to special trauma vans. The ambulance and trauma vans are equipped with built-in oxygen and suction lines, sinks, portable cardioscopes and defibrillators. Two additional ambulances have been allocated in the 1974/75 Budget.

In the event of a major disaster, these ambulances will be capable of functioning as mobile medical aid stations or may be stationed at the site of a disaster and used as nucleus units for triage and first aid stations.

DEPARTMENT OF PUBLIC HEALTH  
S.F. EMERGENCY MEDICAL SERVICE REPORT  
FISCAL JULY 1, 1973 - JUNE 30, 1974

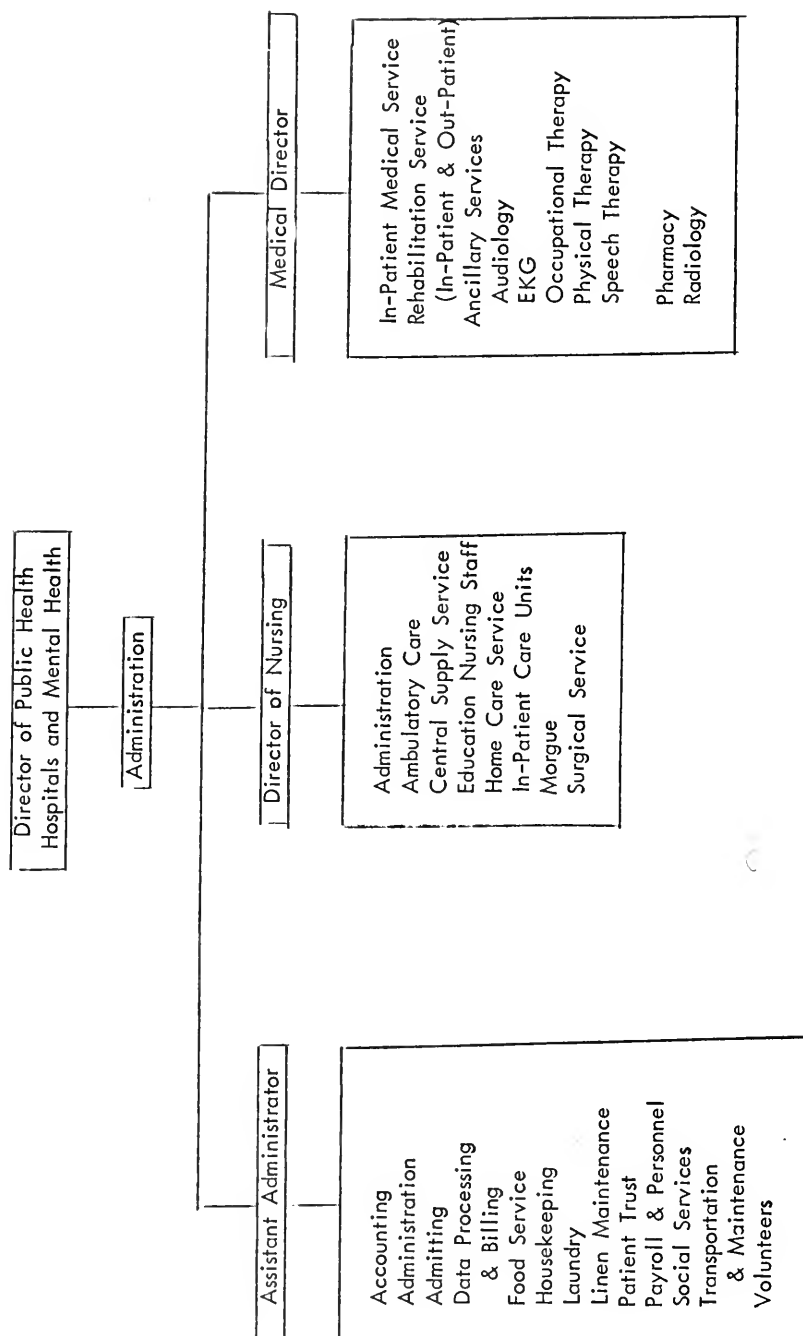
	ADMISSIONS		TOTAL	DISPOSITION OF CASES						AMBULANCE CALLS		
	Surgical Cases	Medical Cases		Discharged	Other Hospitals	To SFCH	To Coroner	To Private Mortuary	TOTAL	Emergency	Transfer	TOTAL
CENTRAL	10,077	6,024	16,101	13,701	979	1391	29	1	16,101	10,041	3996	14,037
HARBOR	5,512	1,997	7,509	6,076	954	424	49	6	7,509	5,824	679	6,503
ALANY	10,975	2,234	13,209	11,572	1,042	567	22	6	13,209	3,779	583	4,362
PARK	8,889	2,001	10,890	9,125	1,202	529	28	6	10,890	3,950	665	4,615
MISSION	42,474	29,642	72,116	57,047	----	14,930	139	---	72,116	5,278	864	6,142
BAYVIEW										3,192	965	4,157
SUNSET										3,218	1,196	4,414
TOTALS:	77,927	41,898	119,825	97,521	4,177	17,841	267	19	119,825	35,282	8,948	44,230





LAGUNA HONDA HOSPITAL

# LAGUNA HONDA ADMINISTRATIVE ORGANIZATION



## LAGUNA HONDA HOSPITAL

Laguna Honda Hospital continues to serve the citizens of San Francisco as their primary hospital for the chronically ill in the field of internal medicine, physical medicine and both physical and alcoholic rehabilitation. It remains the largest hospital in San Francisco and the second largest in California. The operation of a chronic disease hospital of this size requires a well coordinated medical program and devotion of all its staff towards patient care.

Laguna Honda Hospital is continuing its functional change toward a hospital with increasing numbers of chronically ill. This type of patient requires a great deal more nursing care and ancillary services. This change has been brought about primarily by Medicare and Medi-Cal length of stay criteria which limits payment in an acute facility for a given illness, thus necessitating the transfer of patients at an earlier time than in the past. This has in turn resulted in the admission to Laguna Honda of patients who are in need of intensive nursing and medical care. If this is to continue it is imperative that the staff be increased, particularly in the nursing department, or the level of patient care will suffer. The only other alternative would be to limit admissions of chronically ill to current levels which would necessitate the transfer of many Medi-Cal patients to out-of-County facilities for care, as the availability of Medi-Cal beds in San Francisco is limited.

On March 10, 1866, Laguna Honda was established as "Laguna Honda Home" as an ambulatory residence to care for the homeless and unemployed men of San Francisco. The Hospital has advanced to a fully accredited acute care, chronic disease hospital and rehabilitation center, licensed for both Medi-Cal and Medicare beds, as well as for rehabilitation services. The Hospital is currently receiving additional revenues from these state and federal agencies from Medicare Part B and Pharmacy charges. It is expected that additional revenue will be brought in when the current regulations governing Medicare and Medi-Cal are reviewed to reflect their usage at Laguna Honda Hospital.

During the past fiscal year, Laguna Honda Hospital was again able to render highest quality medical and nursing care to its patients. This service has been recognized and acknowledged in all Grand Jury reports and by patients and patients' relatives and friends. The staff will endeavor to maintain such excellent patient care in the future.

Admissions to Laguna Honda Hospital have increased 19% from the fiscal year 1969-1970 to the present. However, since the year 1971-1972 admissions have declined by 230 or a decrease of 10.5%. It should be noted that the largest

percentage of 1973-1974 admissions (47%) is to the Hospital service, a heavy nursing care unit. Admissions to the Rehabilitation service (ambulatory patients) show a downward trend for the period 1969-1972 and a slight decrease for the year 1973-1974. Laguna Honda Hospital currently has Outpatient Rehabilitation service as required by the State regulation. Inpatient Rehabilitation wards were combined as of March, 1973.

There was a slight increase in discharges (including deaths) for the fiscal year 1973-1974 (2,019 as compared to 2,011 for the previous year), or an increase of 0.39%.

The nine-day strike of City employees in March caused an anomaly in census figures in that while there were no admissions to the Hospital during this period, there were approximately twice the normal number of discharges.

During the difficult strike period, Hospital services were maintained through the strenuous efforts of professional and lay employees, supported by many hours of service by volunteers in the laundry, food services and custodial areas as well as in direct patient care.

### ADMISSIONS ANALYSIS

<u>Service</u>	<u>1969-70</u>	<u>1970-71</u>	<u>1971-72</u>	<u>1972-73</u>	<u>1973-74</u>	<u>% of 1973-1974 Admissions</u>
Hospital	1,005	923	1,002	898	918	47%
Modified Hospital	5	6	7	5	1	--
Hospital - Rehabilitation	381	311	298	395	374	19%
Convalescent Care Unit (Community Mental Health)	260*	687	882	666	666	34%
	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
TOTAL	1,651	1,927	2,189	1,954	1,959	100

\*The Convalescent Care Unit had only four months of service in 1969-1970.

### PATIENT DAY ANALYSIS

<u>Service</u>	<u>Normal Bed Capacity</u>	<u>Patient Days</u>		<u>Patient Day Increase or Decrease*</u>	<u>% Increase or Decrease*</u>
		<u>1972-73</u>	<u>1973-74</u>		
Hospital	933	303,835	298,225	5,610*	1.85*
Modified Hospital	466	98,637	98,067	570*	.58*
Hospital - Rehabilitation	69	16,571	13,731	2,840*	17.14*
SUB-TOTAL	<hr/> 1,468	<hr/> 419,403	<hr/> 410,023	<hr/> 9,020*	<hr/> 2.15*
Convalescent Care Unit	<hr/> 45	<hr/> 12,601	<hr/> 14,325	<hr/> 1,724	<hr/> 13.7
TOTAL	1,513	431,644	424,348	7,296*	1.7*

<u>Service</u>	<u>BED UTILIZATION</u>	
	<u>Percentage of Occupancy</u>	
	<u>1972-73</u>	<u>1973-74</u>
Hospital	89	88
Modified Hospital	58	60
Hospital - Rehabilitation	66	59
Convalescent Care Unit	<u>77</u>	<u>90</u>
TOTAL HOSPITAL	<u>78</u>	<u>78</u>
Average Daily Census	<u>1,183</u>	<u>1,182</u>

The recognized national percentage of bed occupancy is 80% and Laguna Honda Hospital's average this fiscal year is 78%. The Bed Utilization analysis shows an 88% bed occupancy for the Hospital non-rehabilitation service.

The Admissions, Discharges, and Patient Day analyses show a decrease in activity. These analyses all indicate that the greatest activity has been in the Hospital service (heavy nursing care). It should be pointed out that even with the slight decrease in admissions, the patient days have only a modest decrease which indicates a superior bed utilization.

#### MEDICAL DEPARTMENT

The Medical Department is under the supervision of the Medical Director and includes the Medical Staff, Rehabilitation Center, Surgical and Dental Services, Radiological Department, Pharmacy, and Clinical and Pathological Laboratories.

Patients with chronic diseases are admitted from San Francisco General Hospital, private hospitals, and from the community at large. After evaluation, patients are suitably placed according to their medical and nursing needs. Consultation services are offered in general surgery, plastic surgery, otorhinolaryngology, orthopedic surgery, ophthalmology, gastroenterology, physical medicine, neurology, and dermatology. The Medical Staff also serves on committees for improvement of patient care such as the Committees for Medical Audit, Pharmacy and Therapeutics, and Environmental Control.

## PHYSICAL THERAPY

The Physical Therapy Department at Laguna Honda Hospital is an active participant in providing a health service for the public. As drugs and surgery make it possible for people to live longer, physical therapy becomes more important in making their lives more active and enjoyable.

Physical Therapists treat patients of all ages who have disabilities resulting from disease, accidents or birth injuries. Following the prescriptions of a Physician, exercises and physical agents such as water, heat, electricity, sound or light are used for the benefit of the patient.

Physical therapy can help the patient improve circulation, strengthen muscles, restore motion, correct deformities, relieve pain, speed recovery and shorten time in the hospital. These treatments can help restore physical and economic independence.

The Physical Therapy, Occupational Therapy and Speech Therapy Departments have a Brain Trauma Program (BTP) to treat patients who are in a coma or semi-coma condition. The emphasis of this program is to use various stimuli to evoke responses from the patient. This program is operated on a separate schedule from the regular department programs. It is a unique program, in that the therapists from the various departments are working together in the same area giving the patients the maximum benefit of their special skills.

The Physical Therapy Department is now treating outpatients from the community. The Out Patient program makes it possible for patients to be discharged from the hospital earlier. It is also possible to follow the patients more closely and to prevent problems from developing that may cause the patient to be hospitalized again.

The Department has an ongoing in-service training program which is coordinated with the other departments of the Hospital. These programs include: grand rounds, special lectures, films, demonstrations, and student training.

During the past fiscal year the Department rendered 63,200 units of service (one unit is equivalent to 15 minutes).

Physical Therapy has also been cooperating with the Laguna Honda Hospital Volunteers in an effort to educate the general public of the health services that are available at this hospital. We feel that there is still a large segment in our community which views this facility in its old role as an old age home. This impression should be corrected, to reflect Laguna Honda Hospital's true standing in the medical field.



Occupational  
and  
Physical  
Therapies  
are Major  
Treatment  
Components





## OCCUPATIONAL THERAPY

Occupational Therapy is a program of selected activity, used as treatment under the direction of a physician. It is an integral part of the rehabilitation program and the Department is a well-equipped therapeutic unit, providing services for physical disabilities. There is a general clinic area for exercises, plus a wing with a complete kitchen, bedroom, living room and an adapted bathroom for self-care training.

Therapeutic programs are planned and applied by therapists on assigned patients with the goal of complete rehabilitation and discharge back to the community. The Department's main function is the evaluation and treatment of the patients as prescribed by the physician. The objectives of the Department are:

1. Restoration of physical function, increase of strength and range of motion through exercises, using a variety of modalities.
2. Evaluation and remedial training; perceptual, sensory, motor disabilities.
3. Independence in dressing, personal grooming, feeding and transfer activities -- activities of daily living.
4. Independence in housekeeping and homemaking in preparation for discharge home.
5. Prevocational evaluation for potential vocational training by other services.

The Brain Trauma Program continued, staffed with members of all therapies, who work with comatose, brain-injured patients. An Outpatient Department is also in existence. A year round student program is available to Occupational Therapy affiliates for a three-month physical disabilities internship.

Treatment rendered last year totaled 43,848 units (one unit is equivalent to 15 minutes).

## SPEECH AND HEARING CLINIC

Speech Pathology is among those services newly authorized for payment by Medicare when the services are provided within the hospital. The Laguna Honda Hospital Rehabilitation Unit was recently certified an Outpatient Clinic for Medi-Cal and Medicare services. This presents excellent potential for additional revenue for the Rehabilitation Unit and for service for more patients throughout the community. With the addition of one staff member, it would be possible to accept revenue-supplying patients on an outpatient basis. With extra staff, it is also feasible that this Speech and Hearing

Clinic could provide services to patients at San Francisco General Hospital, either on a part-time or an on-call basis.

At Laguna Honda Hospital, speech therapy is provided both on an individual and a group basis, to approximately 25 patients per week. The Speech Pathologist also does all audiometric evaluations as well as assisting in hearing aid evaluations with an independent vendor.

During the past year, the Speech Pathologist, together with Occupational and Physical Therapists, has maintained a Brain Trauma Program wherein head injury patients are stimulated and provided therapy sooner than they otherwise would be able to tolerate with the regular therapy programs.

### PSYCHOLOGY

A total of 280 new patients were examined and evaluated in the Department of Psychology. Diagnostic evaluations for treatment planning received major emphasis. Increasing stress is being placed upon psychotherapy for young adults with head injuries and paralysis resulting from motor vehicle accidents and causing serious depressions.

Staff conferences, in-service training, community agency liaison, and emergency outpatient follow-up remain available.

### DENTAL CLINIC

The Department of Dentistry is staffed with two part-time Dentists and two Dental Assistants. Two operatories, a laboratory, a darkroom, and a reception room enclose the Dental Clinic. The objectives of the Dental Clinic are the preservation of health; wherein, a complete oral examination is rendered to inpatients; prevention, diagnosis and treatment of diseases, injury or defects of the teeth and adjacent oral tissues; the restoration of missing or pathologic dental and oral structures; the fabrication of artificial/prosthetic appliances for missing teeth and/or oral tissues.

### MEDICAL RECORDS

The Medical Records Department has the responsibility for processing patients' medical records, gathering statistics, and preparing statistical reports, which includes an annual fiscal report. The Department provides information from the medical histories to hospital personnel and outside agencies.

The Medical Record Librarians maintain a disease index and participate in monthly meetings of the Records, Tissue and Utilization Committee.

## RADIOLOGY

During the last fiscal year, the Department of Public Works finished completely remodeling the X-Ray suite. Lighting, painting and additional support structures for an overhead tube bridge were installed. Laguna Honda Hospital has contracted with General Electric Company to install, on a lease basis, a new X-Ray generator, a new Monitrol X-Ray table, a new overhead tube and a new image intensifier. Also to install a Schonander Head Unit with the old X-ray generator in a second X-Ray room.

The remodeling of the X-Ray suite and updating of the equipment will provide the patients with the latest in diagnostic services and will provide greatly increased services that were not previously available at the Hospital. This will decrease the number of patients who must be sent to San Francisco General Hospital and to other facilities for diagnostic services.

Total for the year 1973-74	4,153*
Total for the year 1972-73	4,617*
Average Per Month for the year 1973-74	346
Average Per Month for the year 1972-73	384.75
Average Per Month for the year 1971-72	411.25
Average Per Month for the year 1970-71	435.5

### DISTRIBUTION OF PATIENTS RADIOGRAPHED

<u>Examination</u>	<u>Hospital</u>	<u>Mod. Hospital</u>	<u>Rehab.</u>	<u>Alch. Rehab.</u>	<u>Adm.</u>	<u>Totals</u>
Chest	1,352	265	348	199	37	2,201
Extremities	538	55	327	22	34	796
Hips & Pelvis	220	29	184	3	--	436
Skull	111	4	28	4	1	148
Spines	67	1 <sup>2</sup>	53	9	2	144
Abdomen	78	2	5	--	1	86
G. I. Tract	122	38	36	7	1	204
Radio-Opaques	63	7	22	--	--	92
All Others	30	5	11	1	--	47
Totals	2,401	417	1,014	245	76	4,153

\*X-Ray unit was out of service for 2 months and patients were sent to San Francisco General Hospital for x-rays during this time.

#### TOTAL RADIOLOGY UNITS RENDERED:

Hospital = 13,595; Modified Hospital = 2,272; Rehabilitation = 5,730;  
Alcoholic Rehabilitation = 1,142; Administration = 392; Total = 23,131

Grand Total of Units Rendered = 23,131

#### PHARMACY

The Pharmacy is the most extensively used therapeutic facility of the Hospital. It supplies the Hospital with drugs, solutions, prescriptions and drug sundries from an adequate and various inventory. The Pharmacy turns its inventory over at least six times per year and has enough drugs to last at least forty days. This large turnover of stock keeps the inventory at a minimum spoilage and obsolescence and saves valued storage space.

The Pharmacy maintains a continuing program of regular ward checks and a unit dosage system for dispensing narcotics and hypnotics. By visiting the wards and checking their pharmaceutical inventories, the Pharmacy has kept the ward inventories at a minimum with all the ensuing advantages.

In the past year, the Pharmacy, working with Data Processing, have established a drug code and price list for billing Medi-Cal patients in the hospital. This drug list will be updated and revised yearly, whenever new notices of drugs and prices are received. July 1973, the Pharmacy published a Hospital Formulary in anticipation of the accreditation of the Hospital later in the year. A new revision of the Hospital Formulary will be prepared every two years or earlier if necessary. Recently, the Pharmacy has gone into repackaging many of the more frequently used drugs that are purchased in bulk. By purchasing drugs in large quantities and repackaging them, we hope to keep the cost of medications down or at least from skyrocketing.

#### PHARMACY ACTIVITIES FOR THE FISCAL YEAR 1973-1974

Hospital Inpatient Prescriptions Filled	2,620
Pass Prescriptions Filled	1,971
Hospital Stock Medications	121,210
Hypnotic and Narcotics Sheets Issued	3,614
Requisitions Filled for Other Departments	348
Alcoholic Rehabilitation Center	5,394
Ward Checks	65

## CLINICAL LABORATORY

The Laboratory staff consists of one Chief Laboratory Technician, one Orderly and four Technicians. The four Technicians are physically located at San Francisco General Hospital Clinical Laboratories.

The majority of the laboratory work is now performed at San Francisco General Hospital. Emergency tests, blood cultures and certain routine tests are performed at Laguna Honda Hospital.

The Laboratory is still continuing its program of conducting annual laboratory workups for each patient including blood tests, urinalysis, etc.

## SOCIAL SERVICES

The Social Service Department is staffed by fourteen social workers and thirteen clerical personnel when all positions are filled.

The 2910 Social Workers (acting as case aides) work in teams with the Medical Social Workers in helping the patient make proper disposition of real and personal property and in determining factors relative to eligibility for continued care in Laguna Honda Hospital. With the change in medical character of patients now coming to us, most are admitted without a full eligibility work-up, and must be assisted in applying for various programs, pensions, insurances, etc., which may pay for care and/or provide income. This information must be ascertained before any billing can be done under either or both the California Medical Assistance program and/or Medicare.

The 2920 Medical Social Workers interview patients and/or relatives to help them find a satisfactory solution or adjustment to interrelated physical, social, emotional, and economic problems. The significance of these factors in relation to the patient's illness, treatment, and speed of recovery is important to the "patient-care team."

Case records are maintained which include social data pertinent to the patient's care, regular progress notes, and related correspondence. Case conferences are held with medical and para-medical staff and community agencies pertaining to continued inpatient care of discharging of the patient to his home or another facility (nursing home, boarding home, residential hotel, etc.) and arrangements are made accordingly including follow-up medical care, nursing/attendant care, and homemaker services.

All the Social Workers, particularly supervisory personnel, have the responsibility of interpreting to the patients, and staff, the legal provisions,

rules, and regulations of the Medical Assistance programs as well as the various aspects of social services provided in the Hospital.

The Department's clerical staff submits each month approximately 1,600 requests for prior authorization of care, receives and checks 1,200 Medi-Cal identification cards, types admission, follow-up and discharge summaries, prepares forms for nursing home transfer, Medi-Cal and Social Security referrals, and processes Notices of Action (Medi-Cal approval or denial), and Medicare certification and utilization review.

During the past year, the Department's work problems have been compounded by the division of "welfare" payments and services. Cash-grant Medi-Cal eligibles are now being processed through the Social Security Administration of the Department of Health, Education and Welfare, while the "Medically Needy Only" cases are processed through the San Francisco Department of Social Services.

In addition, staff members consult with patients and/or families of patients who have been referred for admission, advise and interpret for them the services and regulations of the facility, and assist them with plans for admission or an alternative placement.

### HOUSEKEEPING

The Housekeeping Department is administered by the General Services Manager. His staff consists of Porter Foremen, Porters, Window Washers, Laundry Superintendent, Laundry Workers, and a Security force consisting of a Security Sergeant, seven institutional Security Officers and one Watchman.

Housekeeping and linen maintenance are the most important functions of the Department. The routine housekeeping duties are keeping all enclosed areas clean (707,352 square feet), conserving of heat and electricity, promoting safety measures by observing and reporting dangerous conditions, cleaning windows and collecting and disposing of garbage.

The special functions of the Housekeeping Department are transporting equipment, setting up for assemblies, assembling and delivering new furniture, providing and maintaining a key system for the entire hospital and performing other duties as assigned.

### LAUNDRY

The control and circulation of linen is also an important function of the Housekeeping Department. Adequate supplies of clean linen must be main-

tained at all times throughout the hospital. To do this, new linen is requisitioned, damaged linen withdrawn and repaired, soiled linen constantly picked up, and clean linen delivered.

### SECURITY

The Security Office works as part of the Housekeeping Department and is responsible for the safety of the Hospital's patients and employees. They are also the guardians of all Hospital property and control and regulate traffic on the Hospital grounds.

### FOOD SERVICES

In view of the inflationary trend in food costs during the past year, it has been necessary to request a supplemental appropriation to maintain our high standards of food service at Laguna Honda Hospital.

The Patients' Menu exceeds all dietary requirements in nutrition, variety, and quality set by the Federal, State, American Medical Association, American Hospital Association and City authorities.

The Food Services at Laguna Honda Hospital primary objective is to continue to provide highest standard patient meals. Other institutions have studied this operation as an example of achievement in nutritional excellence, high quality food, efficient production methods, portion control and low food and labor costs.

Visitors from the community and other organizations are shown through the various Food Service preparation areas on guided tours periodically.

In addition to the three meals per day, patients now receive two nourishments. During the past year, Food Services staff instituted the production and distribution of assorted homemade quality cookies which are served at 8:00 p.m. with hot chocolate or milk as evening nourishment to all patients. The Bakery produces 10,000 cookies per week, plus all breads, cakes, pies and jello, for Laguna Honda Hospital patients and staff dining rooms. Recently, patients began receiving assorted fruit juices daily at 2:00 p.m. as an added nourishment. Both of these programs have been praised by the patients, medical staff, and Administration. Daily production is 4,500 meals per day.

Colorful plastic trays with attractive china plates have been substituted for sectional metal trays in the service of all patients' food.

Special diets have been increasing steadily in variety and number. Discussions are held with other department heads and their cooperation has been excellent. Since installation of the ice machine, assorted cold beverages are served.

### DATA PROCESSING AND BILLING

The Data Processing Department's function is to gather and encode all patient data for computerized billing. A set of bills is produced monthly and transmitted to the Billing Department for final processing.

Laguna Honda Hospital has a contractual agreement with the National Cash Register Company for computer and programming services. Close liaison is maintained between the Data Processing Department and NCR for the monthly production of our Medi-Cal bills and Medicare bills and related revenue reports.

The Department supervisor and the NCR staff of programmers are constantly engaged in upgrading and improving our technically-sound billing system to comply with the ever-changing state regulations and billing requirements.

The Billing Department receives the Medi-Cal bills produced by the Data Processing Department, reviews them for accuracy, attaches all necessary documents and submits them for payment. The personnel of this department also perform accounts receivable duties in conjunction with patient accounting.

### PERSONNEL

The dominating factor in Personnel activity has been the City strike. Preparation for the impending strike, keeping the hospital fully functioning during the strike with skeleton staff and the repercussions since the strike has caused a tremendous increase in the workload. In addition, changes in Civil Service Policies and the Budget cuts have necessitated a large number of reviews and surveys of personnel statistics.

To help with the work load, a Personnel Analyst has been employed on a temporary basis. It is expected increased Federal and State demands for information will justify a permanent position for Personnel Analyst in the future.

### NURSING DEPARTMENT

Quality nursing care to the chronically ill patients is being maintained. The increase of orthopedic cases, chest cases and earlier discharge of patients from San Francisco General Hospital has increased nursing activity. This has strained the ability of the nursing staff which will require additional staff if this trend continues.





Therapeutic Activities  
Make for a Busy Day  
With the volunteers

Because of the geriatric nature of many of our patients, the Nurses concentrate on keeping the patients ambulatory and physically active. This fine staff contributes to both the physical and mental well being of our patients. Even during times of adversity, such as recent strikes and budget cuts, the Nursing Department has continued to provide the best possible patient care.

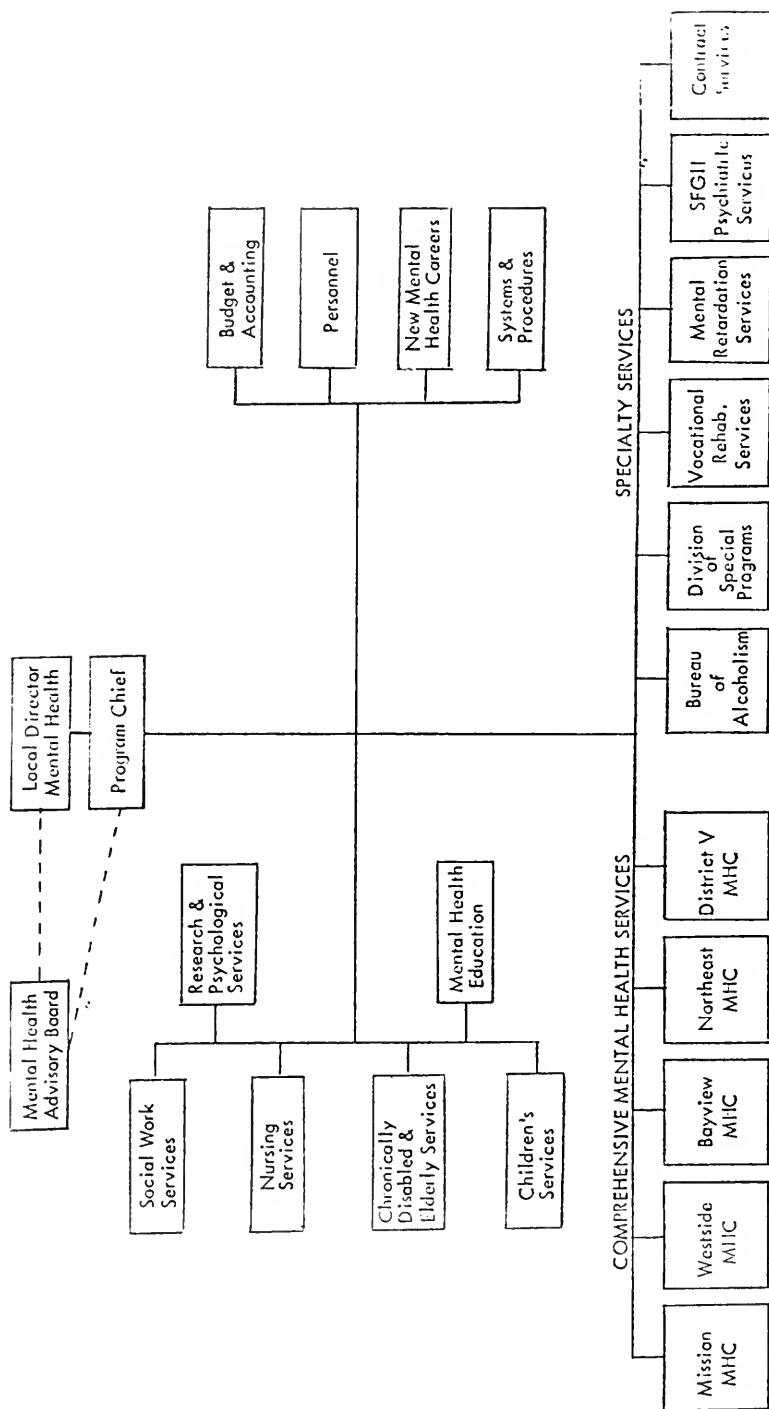
### VOLUNTEERS

Volunteer service hours for the year 1973-1974 totaled 38,306.5 hours. Notices and invitations were prepared and mailed in approximately the following numbers: 360 Renewal Membership letters and notices; 350 Annual Award Invitations; 400 Letter of Appreciation for donations; 1,300 Thank-You for Christmas gifts and donations. In addition, confirmation notices and thank-you letters for all entertainment and recreation were prepared and sent; also, all necessary business letters carrying out various Volunteer activities.

New programs are constantly being initiated by the Volunteers to increase the enjoyment of our patients. Some of the new programs for this year include: welcoming service by a trained Volunteer for each new patient; Little Theater Group for talented or interested patients to participate in plays; Senior Citizens' Club which conducts tours and takes the patients to ball games and other recreational functions; the Pizza Cart which provides delicious pizza each Thursday; Community Service Corps, which enables our patients to contribute their time and talents to helping others less fortunate than they; "Life" Music Class which helps to stimulate people into singing and making music. All of these new programs and the many established recreational and diversional activities help keep the patients and our large Volunteer staff busy and active. Staff members look forward to another busy and rewarding year of service from our Volunteer Department.

COMMUNITY MENTAL HEALTH SERVICES

# COMMUNITY MENTAL HEALTH SERVICES



## COMMUNITY MENTAL HEALTH SERVICES

### OVERVIEW

Community Mental Health Services is a branch of the Department of Public Health. The services are administered by the Community Mental Health Services Program Chief who is responsible to the Director of Public Health, i.e., the Local Director of Mental Health. The purpose of Community Mental Health Services is to provide comprehensive local mental health services for residents of San Francisco. This goal is approached in a variety of ways: programs are offered in convenient locations within each catchment area; few patients are sent to State hospitals; treatment focuses on crisis intervention techniques; and finally, consultation and education activities promote prevention and early identification of the mentally disordered.

The Community Mental Health Services are decentralized into five catchment areas, each served by a Community Mental Health Center which provides comprehensive services to the mentally ill. Certain services which can be provided more adequately on a city-wide basis than by catchment area are provided through a number of specialty services units in the Community Mental Health Services. These specialty services include the Bureau of Alcoholism, which provides a range of services related to the treatment of alcoholism; the Division of Special Programs, which provides services in the area of drug abuse, sexuality, criminality and other special problems; the Mental Retardation Unit; the Vocational Rehabilitation Services; and the Psychiatric Emergency Services at San Francisco General Hospital.

In addition to programs directly operated by the City, another major portion of the Community Mental Health Services system consists of the contractual services in private agencies which are a vital component of comprehensive care. The use of contracts makes it possible to provide a rich blend of unduplicated public and private mental health services for the people of San Francisco. Several contracts provide for services on a city-wide basis, while others provide essential mental health services to persons who reside within specific catchment areas.

## SUMMARY

In 1970-71 the Community Mental Health Services decentralized services into all areas of San Francisco. This development brought great changes, particularly in the early treatment of people at home with a consequent reduction in the need for State hospitalization. Then in 1971-72 a large scale planning effort involving citizens and agencies from every district in San Francisco was launched, centering around mental health problem areas concerned with children and youth, the aged, drug abusers, chronically sick and handicapped and the alcoholic. This effort resulted in a new mental health plan linking decentralized, comprehensive county-operated services and privately operated services with multiple local, federal, and state funding sources and project grants.

With the major planning job completed, the overall direction of Community Mental Health Services efforts in 1973-74 has been:

1. The implementation of the basic program changes introduced in the 1972-73 revised County Plan and updated in the 1973-74 County Plan.
2. The development of mechanisms for assurance of the quality of the programs within our system. These mechanisms include:
  - a. Organizing programs that insure continuity of patient care between the many elements of the total Community Mental Health Services system including the State hospital program.
  - b. Collaboration by means of joint program development with other major social institutions affecting the mentally ill such as the Department of Social Services, the criminal justice system, San Francisco Unified School District, the Golden Gate Regional Center, mental health training programs and Board and Care Homes.
  - c. Computerized data, fiscal, and billing mechanisms.
  - d. Fiscal and program monitoring of contract facilities.
  - e. Internal audit and clinical review mechanisms.
3. Increasing citizen participation through the various citizen advisory boards at the neighborhood as well as the County level. A contract was

established this year with Mental Health Education Funds, Inc., an organization composed of four district Advisory Boards and the County Mental Health Advisory Board, to provide staff assistance to the Bards and mental health education for community residents.

## MENTAL HEALTH CENTERS

### MISSION MENTAL HEALTH CENTER

The Mission Mental Health Center provides an array of mental health services through three multidisciplinary teams each serving a geographically defined area of the Mission Catchment Area. Each of these teams provides intake, outpatient services, and consultation and education. The teams are located at satellite neighborhood clinics (Team I - 761 So. Van Ness; Team II - 3850 - 17th Street; Team III - 1245 - 22nd Street). There are three Citizen Advisory Boards, for each team respectively, composed of people who live or work in the neighborhoods served by that team.

The Intensive Treatment Unit (ITU) was formed this past year and serves the entire Catchment Area. The ITU runs the 24-hour emergency service, staffing its crisis teams. Patients who require hospitalization are treated at San Francisco Psychiatric Hospital and as soon as possible participate in the crisis-oriented Day Treatment Center while receiving night hospitalization. In addition patients attend the Day Treatment Center who are living at home or residing in other facilities in the area.

A National Institute of Mental Health Growth Grant for approximately \$600,000 yearly has enabled Mission Mental Health Center to implement programs which were planned in the previous fiscal year. The Child Psychiatric Unit provides to children and adolescents brief, crisis-oriented therapy and longer term treatment as well as consultation services in the schools. The Unit plans to provide day treatment in the future. Another new program implemented this year is the training of 27 indigenous Community Mental Health Workers who are assigned to work with the service units throughout the district. The final program implemented this year is the Extended Services Program for the chronically ill. Services include counseling, evaluation, resocialization, and activity therapy with special priority given to patients in Board and Care Homes. It is expected that this program will develop services for the geriatric population including geriatric screening in the coming year.

Mission Mental Health also offers vocational rehabilitation counseling, and one Community Health Worker is assigned to do job development. The Research and Program Evaluation unit has developed a computerized billing

## MENTAL HEALTH CENTERS, Cont'd

### Mission Mental Health Center, Cont'd

and cost accounting system which should be fully operational next year. The Community Services program is staffed by a Mental Health Educator and a Community Coordinator for coordination of services of various agencies within the district.

1973-74	24-Hour Care	Partial Day Care	Outpatient Care	Total
No. of Patients Treated	272	658	2,074	2,118
Units of Service Provided	1,676	8,171	16,514	

### WESTSIDE COMMUNITY MENTAL HEALTH CENTER, INC.

Westside Community Mental Health Center, Inc., a private non-profit consortium of mental health agencies and organizations under contract with the City and County of San Francisco, delivers a full range of mental health services to residents in that catchment area. Westside has 43 service units in the following categories: emergency services, hospitalization, intermediate term residential care, outpatient casework, partial hospitalization, halfway houses, drug abuse treatment, children's services, and consultation and education. There are 20 member agencies in the Consortium governed by a Board of Directors of which 50% of the membership is from member agencies and 50% are community representatives elected from the Westside Community Advisory Board.

During Fiscal Year 1973-74 Westside continued development of comprehensive drug treatment services including Youth Prevention Services in the Japanese and Black communities and initiation of a legal services component for youths and adults. Also the Senior Citizens Project was initiated in two senior citizen housing projects within the catchment area. This pilot program renders social and mental health services to the residents of these housing projects and at the same time seeks to identify geriatric needs and priorities in the community. Westside continued to augment programs in the areas of: alternatives to hospitalization including development of halfway houses and group living arrangements for long-term chronic patients previously treated at the State hospital; expansion of a transportation system to serve the aftercare and geriatric programs.



## MENTAL HEALTH CENTERS, Cont'd

### Westside Community Mental Health Center, Inc., Cont'd

The Research and Evaluation unit conducted two special evaluation projects during the year. The Referral Study was designed to assess the effectiveness of the procedures for patient referrals among member agencies of the Westside Consortium. The second study, the Follow-up Study, was designed to measure client satisfaction with services. The results of these studies as well as the on-going program monitoring and evaluation will be utilized to improve service delivery and to plan programs for the district.

The number one priority for next year is the development of more preventive and direct services for children and youth. Westside expects to obtain funding for a much needed Day Care and Adolescent Residential Treatment Program. Such new programs along with existing services will enable Westside to coordinate and implement greater services to more children and youth within the catchment area.

In 1973-74, Westside received National Institute of Mental Health staffing grants totalling approximately \$1,850,000, of which about \$615,000 was for Drug Treatment and \$216,000 was for Preventive Children's Services. The remainder of the grant monies are allotted for comprehensive mental health center services.

1973-74	24-Hour Care	Partial Day Care	Outpatient Care*	Total
No. of Patients Treated	1,002	1,365	5,991	8,358
Units of Service Provided	54,072	31,900	102,659	

\*Includes Methadone Program

### BAYVIEW MENTAL HEALTH CENTER

This year Bayview Mental Health Center has been able to expand its services in many ways. To increase the continuity of patient care, the staff has organized itself into seven teams (1 child, 1 geriatric, 5 adult) each of which provides a full range of services from the time of initial evaluation throughout whatever treatment modalities are required.

When the John Hale Medical Society, under a contract supported by funds

## MENTAL HEALTH CENTERS, Cont'd

### Bayview Mental Health Center, Cont'd

awarded to Bayview Mental Health Center from the National Institute of Mental Health, began to see clients in temporary offices in November, they instituted the same team policy (1 child, 1 adult). They also obtained an NIMH grant for a Children's Program for which Bayview was able to allocate the needed matching funds. In May, the John Hale staff moved the entire program (except inpatient services which continue at San Francisco General Hospital) to remodeled, permanent facilities at 4301 Third Street (Hunters Point area).

The City-operated Bayview Mental Health Center also opened new outpatient offices at 29th Street and Mission (Bernal Heights). They provide much needed space for our larger staff and a better atmosphere for clients in ongoing group or individual psychotherapy than was possible in the few offices available at Health Center #3 on Silver Avenue. The latter are now used primarily for initial visits and emergency contacts.

A contract with Vienna Guest House for residential care was terminated by mutual agreement in the middle of the year, and the Community Advisory Board's Task Force on Residential Care is now working with Pacific Psychotherapy Associates and representatives from the community toward another arrangement for providing such services.

Additional evidence of an increasingly productive relationship between Bayview Mental Health Center and its Community Advisory Board is a contract developed by the latter's Task Force on Developmental Disabilities (each Board task force includes a Bayview staff representative). Clients now attend the Geneva Avenue Social Development Center, which has a day program for mentally retarded/mentally disturbed adults.

Toward the end of the year, a Drug Abuse Coordinator was added to the staff and a better organized treatment capacity in the area of substance abuse is anticipated.

1973-74	24-Hour Care	Partial Day Care	Outpatient Care	Total
No. of Patients Treated	164	317	1,387	1,744
Units of Service Provided	2,828	6,069	8,716	

## MENTAL HEALTH CENTERS, Cont'd

### NORTHEAST MENTAL HEALTH CENTER

The Northeast Community Mental Health Center and its contract non-profit corporation have been designed to provide comprehensive mental health services to what is, perhaps, the most diversified area of the City -- containing as it does Chinatown, Nob Hill, North Beach, Polk Gulch, the Tenderloin, the Financial and Shopping District and the South of Market area. While the inpatient and 24-hour emergency services are located at San Francisco General Hospital, all other treatment services (20 service units at 10 separate locations) are within the district and deliver a wide range of services to the community which this program serves. As one of the five centers comprising the CMHS, both the contract and directly operated programs of Northeast are ultimately responsible through the Program Chief to the Local Director of Mental Health.

The year 1973-74 was one of consolidation for the Northeast Community Mental Health Center programs. The 22 separate programs saw almost 7,000 different clients during this year and provided a wide spectrum of mental health services. The Criminal Justice Team began therapy groups at the County Jail; the cells for psychotic inmates, which had gained such notoriety, were eliminated both by treatment and diagnostic screening. The former Central YMCA emerged as a fully integrated Community Care Center with Outreach, Residential and Daycare components and at year's end was consulting with community groups to begin an outpatients clinic for the Tenderloin. The Child Care Program moved into permanent quarters, and the North Beach Team continued its expansion of services providing direct contact with the disabled in hotels along Broadway as well as in evening hours. Lastly, the inpatient emergency services at San Francisco General Hospital were upgraded so as to provide crisis care and short term treatment.

Recently, to broaden the scope of services a Drug Diversion Program was made possible through a Senate Bill 714 grant of \$62,619. Also soon to be implemented is a drug treatment program operated in cooperation with the Sheriff's office at San Bruno. In addition to increased services for children, senior citizen services have increased dramatically. In conjunction with the North of Market Council, a Seniors' Clinic as well as a food program were initiated this year; rent-free space was given to these worthwhile endeavors by Northeast Community Mental Health Center.

The greatest single problem remaining is the reorganization of a Citizen's Advisory Board which is now well underway. This Board will advise both

## MENTAL HEALTH CENTERS, Cont'd

### Northeast Mental Health Center, Cont'd

directly-run and contract programs within the District and thus provide for essential community input. Another problem on the way to solution is a records system whereby data concerning services to clients can be computerized resulting in greater accuracy and the beginning determinations of the quality of services provided.

1973-74	24-Hour Care	Partial Day Care	Outpatient Care	Total
No. of Patients Treated	1,144	1,674	4,176	6,418
Units of Service Provided	22,349	20,412	32,671	

### DISTRICT V MENTAL HEALTH CENTER

A network of services for residents of District V has continued to evolve during 1973-74 with programs developing for individuals at all levels of functional disability.

New programs that have been implemented during the past year include a program for older adults, for adolescents, for the chronically emotionally disturbed in Board and Care homes, and for individuals in need of social and vocational rehabilitation services.

A contract with the San Francisco Council of Churches provides services to older adults including: a home evaluation team; a day treatment center located at Noriega and 43rd Avenue; and an activity program in residential care homes for the aged. Adolescents have a day treatment center through a contract with Children's Hospital located on Sacramento Street which is moving to Geary and 8th Avenue shortly. A contract with Community Services Section, State Department of Health, reaches the chronically ill individuals in Board and Care Homes with a workshop at 1910 Ocean Avenue and through activity programs in their homes. A "Life Skills" Center at Eucalyptus and 19th Avenue serves as the Center's rehabilitation program. An additional program established this year has been a half-way house, Mandala House, under contract with Baker Place, Inc.

Other changes that have developed in the Center during the past year have been the shifting of inpatient services for Richmond residents to the Crisis

## MENTAL HEALTH CENTERS, Cont'd

### District V Mental Health Center, Cont'd

Intervention Unit at Langley Porter Institute and the establishment of a treatment team at Youth Guidance Center for youth in the district.

The Citizen's Advisory Board, meeting monthly throughout the year, continually reviews and evaluates community needs, services and special problems of District V. The Board sets priorities, reviews the County Plan and budget, and represents the interests of the District V community to various levels of government. The Citizen's Advisory Board, which has broad representation from all areas of the district, has worked together with considerable continuity of membership for the past four years.

A federal CMHC grant is anticipated for 1974-75 to broaden current services, develop a children's program, and establish program evaluation and administrative capability.

1973-74	24-Hour Care	Partial Day Care	Outpatient Care	Total
No. of Patients Treated	*	199	1,788	1,987
Units of Service Provided	*	10,936	20,674	

## SPECIALTY SERVICES

### BUREAU OF ALCOHOLISM

The Bureau of Alcoholism offers a number of services both directly and by contract with community agencies. Provided directly by the Bureau, in Fiscal Year 1973-74, were residential convalescent care, outpatient services, education and consultation provided by the Alcohol Evaluation and Treatment Center; a therapeutic residential program for problem drinkers at the Therapeutic Community; a community planning and coordination team; a research and evaluation team; and a contractual services team.

Services provided by contract with community agencies include acute hospital detoxification, non-hospital "drying out" services, information, pre-treatment counseling, referral, labor management consulting, casefinding, survey of needs of alcohol services, and alcohol education.

## SPECIALTY SERVICES, Cont'd

### Bureau of Alcoholism, Cont'd

The non-hospital "drying out" contracts are part of the public inebriate program, financed by the Bureau with Short-Doyle funding. This program is carried out through coordination of the San Francisco Police Department, the Courts, the Bureau and the contracting agencies and provides an alternative to jail for public drunkenness. It is expected that, in the near future, the Bureau will be awarded a National Institute on Alcohol Abuse and Alcoholism (NIAAA) project grant of \$332,667 to expand this project.

In addition to the expected National Institute on Alcohol Abuse and Alcoholism Public Inebriate grant, the Bureau receives \$290,650 each year in formula grant money from NIAAA. This money is used for contracting with community agencies, salaries, and a proposed outpatient service.

The Bureau works closely with the Citywide Alcoholism Advisory Committee, which is a permanent committee of the Mental Health Advisory Board. Special task forces of the Advisory Committee have open membership for any community people who wish to participate, to insure that any interested individual in the community has a way to participate in the Alcoholism program planning process. In addition, the Bureau sponsors a monthly Open Forum, an informal discussion on alcohol related problems for anyone who wishes to attend.

1973-74	24-Hour Care	Partial Day Care	Outpatient Care	Total
No. of Patients Treated	591	27	475	1,045
Units of Service Provided	13,022	498	4,327	

## DIVISION OF SPECIAL PROGRAMS

The Division of Special Programs is responsible for planning, coordinating and implementing programs for people with problems related to drug abuse, adolescence and sexuality. It works closely with the Coordinating Council on Drug Abuse, an organization of broad-based public and private membership that is active in stemming drug abuse in San Francisco.

Varied treatment services established include: 1) drug-free therapeutic communities; 2) residential detoxification services; 3) outpatient counseling;

## SPECIALTY SERVICES, Cont'd

### Division of Special Programs, Cont'd

4) methadone treatment; 5) comprehensive youth services; and 6) twenty-four hour crisis services.

The Division provides direct administrative services and support to the Center for Special Problems and the Methadone Treatment Program. It contracts for treatment services with five private community-based agencies: San Francisco Suicide Prevention; Youth Advocates; Reality House West; Walden House; and Bayview-Hunter's Point Foundation.

Supportive administrative services include evaluation, research and patient tracking. This unit evaluates treatment results and assists in the ongoing delivery of treatment services. Data collected concerning the effectiveness of programs supported by the Division have demonstrated significant success in 1) reducing illicit drug use; 2) reducing the frequency and severity of criminal behavior; and 3) increasing activities such as employment, education pursuits, and community service work.

The Center for Special Problems provides outpatient treatment for adults with drug-related problems, sexual problems, conflict with society, and suicidal impulses. Services offered by the Center include: group or individual psychotherapy, family therapy, pharmacotherapy, vocational rehabilitation, psychodrama, activity therapy and yoga.

The Methadone Treatment Program provides outpatient methadone treatment to approximately 800 former heroin addicts at five clinics throughout San Francisco. Social services, vocational counseling, group and individual counseling, and addiction-related medical treatment are integral aspects of the program. A special program is available for addicted pregnant women.

Much of the drug-related services of the Division of Special Programs has been made possible through the receipt of a grant from the National Institute of Mental Health and contracts with the Office of Economic Opportunity. The National Institute of Mental Health drug abuse grant made available \$1,600,000 during 1973-74 and the two contracts with Office of Economic Opportunity made available nearly \$1 Million. Senate Bill 714 funds from the State are allocated for diversion programs and planning services. The diversion programs are designed to facilitate the treatment rather than the incarceration of those convicted of drug-related offenses. New Federal funds will be used for a variety of new programs in areas where there is a documented need.

## SPECIALTY SERVICES, Cont'd

### Division of Special Programs, Cont'd

These will include: outpatient methadone detoxification; a much needed drug abuse treatment program in the jails; and other outpatient services.

During the past year, a serious controversy arose between the State Department of Health and the Department of Public Health around patient confidentiality. The issue centers on whether the State Department of Health has the right to inspect and take copies of patients' records showing patients' names. The Department of Public Health takes the position that this is a serious encroachment of the civil liberties of privacy and confidentiality of patients. The Department of Public Health believes that the review and evaluation of the effectiveness and proper administration of the program can be accomplished without disclosing patient identity. The matter is presently before the courts.

#### Center for Special Problems

1973-74	Outpatient Care
No. of Patients Treated	2,699
Interviews Provided	31, 012

#### Methadone Treatment Program

1973-74	Outpatient Care
No. of Patients Treated	1,171
Interviews Provided	65,445

## VOCATIONAL REHABILITATION SERVICES

During the fourth year the Vocational Rehabilitation Services served its 1000th client. Wages of more than \$1 1/2 Million dollars have been earned in this period by patients viewed as "unemployable" by traditional agency approaches. The goal of this vocational service is to provide opportunities and training to enable clients to become independently functioning in the shortest time possible.

Vocational rehabilitation counselors are located in the Central Vocational Rehabilitation Unit at 1182 Market Street and are also outstationed in each of the Mental Health Centers and Specialty Programs. In this fiscal year the Central Unit expanded its Workshop and informal training program through equipment loaned or donated by concerned businesses in the community. The Workshop training facilities were used daily by approximately 15 clients. Monthly, an average of 310 "high-risk" patients from various mental health facilities received vocational services.

The Vocational Rehabilitation Services encompass prevocational orientation,



## SPECIALTY SERVICES, Cont'd

### Vocational Rehabilitation Services, Cont'd

work-readiness counseling, work experience try-out, specialized job placement and on-the-job counseling after placement. There is on-going consultation and collaboration with Community Mental Health Service psychotherapists along with close and intensive vocational counseling.

1973-74	Outpatient Care
No. of Patients Treated	587
Interviews Provided	7,072

### MENTAL RETARDATION PROGRAM

The present program provides information and referral, regularly scheduled and crisis consultation services to community agencies serving the retarded, rehabilitation services to the retarded not eligible for state rehabilitation services, counseling and psychotherapy, and jointly with the public schools a therapeutic education program.

The Mental Retardation Program has utilized past recommendations of the Coordinating Council on Mental Retardation and the recommendations of the federally funded Information and Referral Service for the Retarded as guidelines for program development and more recently has received the advice of the Comprehensive Health Planning Council's Developmental Disabilities Committee. In addition to the regular exchange of referrals with district mental health programs, the Mental Retardation Program has met with representatives of each district to discuss collaboration and program development.

As a result of the program, substantially fewer of San Francisco's retarded people are referred to state hospitals. A former large reservoir of several hundred retarded persons in the community with no program or activities of any kind has been substantially reduced so that most requests for services now are for help in maintaining or improving community adjustment rather than seeking community service for the first time, or merely attempting to avoid state hospital care.

In the coming year the Mental Retardation Program plans to improve consulta-

## SPECIALTY SERVICES, Cont'd

### Mental Retardation Program, Cont'd

tion to the Department of Social Services with a goal of providing earlier intervention with needy cases receiving ATD or AFDC. Personnel required is available through existing social work staff. Another new program will be to identify and assist families of pre-school retarded children in the problems of raising such children and preparing them for more successful entry into the school system. A Public Health Nurse will be required.

Current movement in the community is towards including the mentally retarded in a group with developmentally disabled which will include the neurologically handicapped, cerebral palsy, epilepsy, and autism. It would be appropriate for the Mental Retardation Program to eventually be restructured in this manner.

1973-74	Outpatient Care
No. of Patients Treated	279
Interviews Provided	8,902

### SAN FRANCISCO GENERAL HOSPITAL PSYCHIATRIC SERVICE

The San Francisco General Hospital Psychiatric Service is designed to provide psychiatric services to all persons seen at San Francisco General Hospital who require psychiatric attention. This includes both physically ill general hospital patients and those persons who are identified primarily as psychiatric patients.

Emphasis is on emergency psychiatric care through evaluation, consultation, emergency management and treatment, appropriate referral, transportation of patients and backup of other Community Mental Health Services facilities. This service is provided 24 hours a day, seven days a week, so that any person in San Francisco in need of immediate psychiatric attention can obtain it without delay. By so doing, the goal is to minimize the severity, duration and residual complications of emotional disorder. Another goal of the service is to furnish information and act as a source of support to anxious relatives and friends.

Because the San Francisco General Hospital Psychiatric Service is often con-

## SPECIALTY SERVICES, Cont'd

### San Francisco General Hospital Psychiatric Service, Cont'd

cerned with patients who need further care in other agencies, it is closely involved with a number of community resources and with all Community Mental Health Service facilities. These relationships are primarily related to referrals to or from San Francisco General Hospital and with followup procedures.

At present two programs exist at San Francisco General Hospital:

1. The Psychiatric Consultation Service responds to situations requiring psychiatric attention in the Emergency Room as well as all non-psychiatric units of San Francisco General Hospital.
2. The Psychiatric Emergency Service, located on Ward 92, provides services to psychiatric patients when a ward setting is needed for appropriate emergency care (observation, evaluation, overnight stay, etc.).

Results of the program, based on review of specific cases, feedback from families and referring agencies as well as followup to reassess appropriateness of disposition indicate that patients' emergency and consultation needs are being met. A medical audit review conducted by the University of California at San Francisco Quality Care Program, on qualitative aspects of the consultation program, produced positive results. Based on three specific clinical criteria the actual performance level was 85%.

If new funds become available in the future several new programs are contemplated:

- A. A short-term crisis intervention beyond the immediate emergency situation involving treatment for a limited time.
- B. Inservice training programs for staff and other trainees in the Community Mental Health Service system.
- C. Clinical studies to improve our knowledge and techniques of emergency psychiatric care.
- D. Greater emphasis on closer alliance with non-psychiatric areas of hospital by working with staff as well as patients to further the goals of holistic approach to medicine. This would also include increased contact with family, friends and the community to improve their awareness and under-

## SPECIALTY SERVICES, Cont'd

### San Francisco General Hospital Psychiatric Services, Cont'd

standing of medical/surgical/psychiatric issues and problems.

1973-74	Outpatient Care
No. of Patients Treated	1,956
Interviews Provided	2,943

## RESIDENCY TRAINING PROGRAM

The overall purpose of the Residency Training Program is to provide a broad and comprehensive training experience for psychiatric residents while at the same time striving to maintain close coordination with the service needs of patients. A major goal of the training is to enable the resident to respond flexibly to people with different problems and from different backgrounds, and to select treatment methods most appropriate to the needs of the individual patient. Therefore, residents not only receive training in the traditional diagnostic and psychotherapeutic methods, but are also exposed to the wide range of treatment modalities being practiced and developed within Community Mental Health Services.

The Residency Training Program greatly increases the capacity of Community Mental Health Services to serve additional numbers of patients. In 1973-74 there were 12 psychiatric residents in training, each of whom spent about 25-30 hours a week in patient care activities of which at least 20 hours involved direct patient contact. The Residency Training Program was funded in part through a National Institute of Mental Health grant of approximately \$53,000 in 1973-74.

## NEW MENTAL HEALTH CAREERS PROGRAM

Through a National Institute of Mental Health (NIMH) Grant for \$106,506 in Fiscal Year 1973-74, the Department of Public Health is developing career educational and training opportunities for paraprofessionals in mental health.

Employees may take job relevant courses in conjunction with their work that

## SPECIALTY SERVICES, Cont'd

### New Mental Health Careers Program, Cont'd

satisfy major requirements of AA and BA degrees. Courses are specifically designed to increase health workers' ability to meet mental health services delivery needs. Instruction is provided jointly by CMHS professionals along with instructors and professors at San Francisco City College and San Francisco State University.

In this fiscal year 78 persons were enrolled in training courses while continuing to work in the mental health centers and specialty programs. The project is part of a continuing effort by the Department of Public Health to provide career advancement opportunities for all employees.

### CMHS BUREAU OF RESEARCH

Primary responsibility for conduct and coordination of overall program evaluation and research resides in the Bureau of Research. CMHS's many systems of care and treatment, the characteristics and needs of patients and of the community, the utilization of staff and facilities, the cost-effectiveness of major service segments, the interfacing of CMHS facilities with other health and welfare agencies, all require continuous examination and assessment. Development and maintenance of relevant statistical data systems are essential for these purposes.

As in previous years, the Bureau of Research monitored and established uniform data systems, maintained individual Data Banks for each mental health facility, and processed, analyzed and reported technical statistical data, utilizing computer and other electronic data processing methods. Numerous research and statistical reports, charts, graphs, and special studies were completed by the Bureau to provide top administration with factual underpinning for program review, management and planning. From the Data Banks maintained by the Bureau pressing questions can readily be researched and answered on a current basis for each program. Furthermore, the Data Bank system enables the Bureau to produce comprehensive demographic studies for each facility at important points in time.

Analyses of service statistics for fiscal year 1973-74 reveals that the total population served has stabilized. Approximately the same number of patients were treated by the local public-private Community Mental Health Services as last year and State hospital utilization was substantially the same.

## CMHS Bureau of Research, Cont'd

### Number of Patients Served

31,368 patients were served locally this fiscal year by the combined county-operated and privately-operated CMHS facilities. This is almost identical with last year. 57.3% of these patients were treated in the county-operated facilities; 42.7% in the privately-operated facilities

Of the three major treatment modalities (24-Hour Care, Partial-Day Care, and Outpatient Care), the most frequently employed was Outpatient Care -- 78% of the patients received this type of treatment. Next in frequency was Partial-Day Care, received by 15% of the patients. Least frequent was 24-Hour Care, received by 13% of the patients.

Specifically, 24,587 patients were provided Outpatient Care -- 1% less than last year. 4,577 patients received Partial Day Care -- 5% more than last year. 3,931 patients received 24-Hour Care -- 19% more than last year.

The use of 24-Hour Care and Partial Day Care shows some interesting shifts from last year. The county-operated facilities increased the number of patients provided 24-Hour Care by 46% and decreased the number of patients provided Partial Day Care by 44% over last year. The privately operated facilities did the reverse; they decreased 24-Hour Care by 13% and increased Partial Day Care by 170%.

### Amount of Service Provided

Although the overall number of patients served remained the same as last year, the amount of 24-Hour Days provided increased by 54% to 108,610 and the amount of Partial-Days increased by 12% to 92,877. Outpatient Care decreased by 4% to 325,186 interviews.

### Average Service Provided

The average patient provided 24-Hour Care received 27 days of such care, 29% more than last year; the average patient provided Partial-Day Care received 20 days of care, 5% more; (these figures include both hospital and non-hospital facilities). The average patient provided Outpatient Care received 13 interviews, 7% less than last year.

There is a striking difference in hospital utilization between the county-operated and privately-operated programs. 24-Hour patients stay in the private hospitals over three times as long as they do in San Francisco General Hospital; similarly,

## CMHS Bureau of Research, Cont'd

Partial-Day patients treated in hospitals require over twice as many days in the private hospitals as they do in San Francisco General Hospital. This differential length of stay may explain why the privately-operated facilities decreased the number of 24-hour patients they hospitalized locally (by 63%) while the county-operated facilities were obliged to increase the number of 24-hour patients they hospitalized at SFGH (by 46%).

### State Hospital Utilization

The downward trend in utilization of California State Hospitals, manifested for the past several years, appears to have reached a plateau. Although the number of different San Franciscans residing in State Hospitals during the year, 1,188, declined 1% over last year, the number of admissions during the year, 824, increased by 8%, while the number of days utilized, 164,618, decreased 6%, and the average monthly census, 522, decreased 6%.

Of the 824 admissions this year to State Hospitals, men outnumber women by more than two-and-a-half to one (72% men; 28% women). 8% of the admissions were children (1-17 years); 89% were adults (18-64); and 3% were aged (65 and over). These figures show a slightly higher percentage of women and a significantly higher percentage of aged going to State Hospitals this year than last year.

Involuntary admissions to State Hospitals are six times as frequent as voluntary admissions (86% involuntary and 14% voluntary). This is about the same proportion as last year.

### Five Community Mental Health Centers

The number of patients treated by the five Community Mental Health Centers increased 4% over last year to a total of 20,428. There was considerable difference in number treated by each Center -- of that total, 40% were served by Westside MHC, 31% by Northeast MHC, 10% by Mission MHC, 10% by Sunset-Richmond and 9% by Bayview MHC.

The amount of service provided by the five Mental Health Centers increased even more in all three treatment modalities: 80,925 24-Hour Days Care were provided, an increase of 85%; 77,488 Partial Days Care were provided, an increase of 17%; 150,276 Outpatient Interviews were provided, an increase of 51%.

Summary

Analyses of the statistical data reported to the Bureau of Research by all public and private facilities of CMHS provides heartening documentation of progress in achieving basic program goals. Focussed mental health services are being provided to a large number of persons by resourceful expansion of program within each of the five Community Mental Health Centers and by increasing emphasis on private facilities. CMHS continues to operate on the premise that the traditional model of immediate hospitalization of mentally disturbed patients may produce unnecessary, undesirable, dependency-reinforcing hospital care. It is our conviction that, in the main, non-hospital treatment services -- crisis intervention, outpatient care, and partial day care -- which are flexible and immediately available, and which are targeted to high-priority patient needs, provide superior benefits to the patient and to the community.



SAN FRANCISCO COMMUNITY MENTAL HEALTH SERVICES

TABLE I - DIRECT SERVICES PROVIDED BY ALL PUBLIC & PRIVATE MENTAL HEALTH FACILITIES IN FISCAL YEAR JULY 1973-JUNE 1974

	COUNTY OPERATED		PRIVATELY OPERATED		TOTAL	
	Change From		Change From		Change From	
	N	72-73	N	72-73	N	72-73
A. NO. OF DIFFERENT PTS. SERVED	17,967	-17%	13,401	+40%	31,368	0%
1. <u>No. Given 24-Hour Care</u>	2,640	+46%	1,291	-13%	3,931	+19%
a. In hospital	2,640	+46%	410	-63%	3,050	+4%
b. In non-hospital	0	-	881	+136%	881	+136%
2. <u>No. Given Partial-Day Care</u>	1,903	-44%	2,674	+170%	4,577	+5%
a. In hospital	496	+171%	498	+127%	994	+147%
b. In non-hospital	1,407	-56%	2,176	+181%	3,583	-10%
3. <u>No. Given Outpatient Care</u>	14,990	-14%	9,597	+28%	24,587	-1%
a. Via individual sessions	13,410	-18%	8,350	+29%	21,760	-4%
b. Via group sessions	2,584	+28%	1,442	+20%	4,026	+25%
B. AMOUNT OF SERVICE PROVIDED						
1. <u>No. of 24-Hour Days</u>	27,863	+28%	80,747	+66%	108,610	+54%
a. In hospital	27,863	+28%	15,153	-8%	43,016	+13%
b. In non-hospital	0	-	65,594	+104%	65,594	+104%
2. <u>No. of Partial-Days</u>	34,019	-31%	58,858	+78%	92,877	+12%
a. In hospital	3,294	+39%	8,703	+78%	12,002	+66%
b. In non-hospital	30,725	-35%	50,150	+78%	80,875	+7%
3. <u>No. of Outpt. Interviews</u>	185,419	-23%	139,767	+41%	325,186	-4%
a. Via individual sessions	143,185	-31%	117,216	+40%	260,401	-11%
b. Via group sessions	42,234	+25%	22,551	+50%	64,785	+33%

SAN FRANCISCO COMMUNITY MENTAL HEALTH SERVICES

TABLE 2 - AMOUNT OF DIRECT SERVICES PROVIDED PER PATIENT BY ALL  
PUBLIC AND PRIVATE MENTAL HEALTH FACILITIES IN FISCAL YEAR  
JULY 1973 - JUNE 1974

AMOUNT OF SERVICE PER YEAR PER PATIENT SERVED

<u>TYPE OF SERVICE PROVIDED</u>	COUNTY OPERATED		PRIVATELY OPERATED		TOTAL	
	<u>Average</u>	<u>Change From 72-73</u>	<u>Average</u>	<u>Change From 72-73</u>	<u>Average</u>	<u>Change From 72-73</u>
1. <u>24-Hour Days</u>	11	-8%	63	+91%	27	+29%
a. In hospital	11	-8%	37	+147%	14	+8%
b. In non-hospital	0	-	74	-14%	74	-14%
2. <u>Partial Days</u>	18	+33%	22	+6%	20	+5%
a. In hospital	7	-46%	17	-23%	12	-33%
b. In non-hospital	22	+47%	23	-38%	23	+21%
3. <u>Outpatient Interviews</u>	12	-14%	15	+15%	13	-7%
a. Via individual sessions	11	-15%	14	+8%	12	-7%
b. Via group sessions	16	-6%	16	+33%	16	+7%

SAN FRANCISCO COMMUNITY MENTAL HEALTH SERVICES

TABLE 3 - FIVE YEAR COMPARISON OF STATE HOSPITAL UTILIZATION

STATE HOSPITAL UTILIZATION	FISCAL YEAR					Percentage Reduction Over 5 yrs.
	July-June 1969-1970	July-June 1970-1971	July-June 1971-1972	July-June 1972-1973	July-June 1973-1974	
No. Of Different Patients In Hospitals During Year	*	*	*	1,205	1,188	-
Average Census Per Month	1,791	1,017	700	558	522	70.9%
Total Admissions During Year	4,385	1,692	882	766	824	81.2%
Average Admissions Per Month	365	141	74	64	69	81.2%
Total Hospital Days Used In Year	500,184	310,948	217,070	175,921	164,618	67.1%

\*Data not available



COMMUNITY PUBLIC HEALTH SERVICES



DISTRICT HEALTH CENTERS

## THE DISTRICT HEALTH CENTERS

The City is divided into five Health Districts, each one serving from 110,000 to 170,000 population. The District Health Center buildings include a clinic area, office space for the staff, a laboratory, dental offices, classrooms and conference rooms. Two of the Health Centers have X-Ray units. Each Center offers a wide variety of clinic services on week days, most evenings and some Saturday mornings. In addition, many clinics are held in substations throughout the City in order to bring certain services closer to the residents in their neighborhood. The Health Centers are often used for community meetings and educational activities, such as health fairs and lectures.

The Health Centers are administratively responsible to the Director of Public Health through the Assistant Director for Public Health Programs and Services. The Centers are staffed by physicians, public health nurses, registered nurses, dentists, environmental inspectors, health educators and community health workers, plus clerical and maintenance staffs. Three of the Health Centers also house units of the Community Mental Health Services. Health Center 2 houses the Methadone Clinic for that area. In District 4, the North East Medical Services, (NEMS), a federally funded neighborhood health center, provides medical services to patients in the Health Center. Students from various professional schools in the area, such as nursing and medical schools, send students to the Health Centers for observation and field experience. During the summer vacation, students from high school job programs work in the Health Centers and are introduced to the prospects of careers in health fields. Volunteers often provide valuable assistance in many clinics.

Over the years, the type of services provided by the Health Centers has changed from those preventive services geared primarily to infants and children to a wider range of primary care for the entire population. Drop-ins with problems are carefully interviewed, and every effort is made to help them or see that they reach a proper source of care. A pre-natal follow-up clinic was started with a maternity nurse practitioner in Health Center 2 but is being moved to Health Center 3 where there are more such patients.



## HEALTH CENTER ACTIVITIES AND SERVICES

### Information and Referral

Accurate, up-to-date information for the public is the first responsibility of the Health Center staff. It is most important to provide adequate instructions so that the patient will be able to properly use the medical care available to him.

### Clinic Services

#### 1. Health Screening

- a. Infants and Pre-School Children: Child Health Conferences are held in the Health Centers and in many sub-stations throughout the City to provide health evaluations, immunizations and counseling. During the summer, children about to enter kindergarten are given general physical examinations and evaluation of school readiness.
- b. School Age Children: Examinations for school age children are available both in school and in the Health Centers. Students who have shown evidence of learning disabilities are referred for special examinations as part of their evaluation for special classes. Physical examination for camping programs or for interscholastic sports are also available in the Health Centers.
- c. Adults: Periodic physical examinations and examinations for employment or college entrance are available in the Health Centers.

2. Family Planning and Cancer Screening: In these clinics, all of the various types of contraceptive methods are prescribed after a pelvic examination and laboratory tests for syphilis and gonorrhea are done. The thyroid, breasts and reproductive organs are also examined for evidence of cancer. Blood tests for immunity to rubella are done prior to giving the rubella vaccine.

3. Dental Clinics: Children up to the age of thirteen receive prophylactic and restorative dental services in the Health Centers. The dental time available is so limited that the waiting lists are 4 to 6 months long. Dental care is the greatest unmet need in the community. One serious

problem is the complete lack of any emergency dental care for adults or for homebound patients.

4. Immunizations: In its efforts to prevent communicable disease in the City, the Health Department provides immunizations against tetanus, whooping cough, diphtheria, rubella, measles and poliomyelitis. Smallpox vaccinations are now given only for travellers to those few countries where there remains the possibility of encountering that now almost eliminated disease. For that reason and because the birthrate continues to fall, the total number of immunizations given in the Health Centers decreased again this year.

5. Podiatry Clinics: Senior students and their instructors from the California School of Podiatric Medicine hold podiatry clinics weekly in each Health Center. The elderly patients particularly appreciate the care they provide.

6. Decentralized Chest Clinics: The total number of new cases of tuberculosis in the City remained about the same as last year, but the length of time in the hospital for these patients continued to drop. Therefore, there are more patients with active tuberculosis requiring follow-up outside the hospital. There are chest clinics in several locations throughout the City to provide this follow-up. The Chest Clinic at Health Center 2 was closed this year and these patients are now being seen either District Health Center 5, or at the U.S. Public Health Hospital in the Richmond District.

7. Glaucoma Screening Clinics: In all Health Centers except Health Center 2, there are Saturday morning screening clinics bi-monthly to detect signs of glaucoma or other eye disease in patients over 40 years of age.

8. Pregnancy Testing: Pregnancy tests and counseling by public health nurses are available in all of the Health Centers for anyone needing an early diagnosis of pregnancy. If the test is positive, the nurse assists the woman to find good prenatal care or an abortion, if such is her wish. In spite of the easy availability of family planning services, the number of requests for pregnancy tests increases.

#### Health Education

Each Health Center has a health educator who is trained to disseminate information about health programs to the residents of the area. In

addition, all Health Center employees are responsible for providing their clients with accurate up-to-date information on a wide variety of health problems.

### Environmental Health

The district Health Inspectors make regular visits to inspect sanitary conditions in all types of eating places, food processing and retailing establishments, swimming pools, laundries, school cafeterias, etc. Complaints from residents about a wide variety of sanitary problems are investigated promptly and corrective measures instituted. All complaints about rats are referred to the rodent control staff who examine premises for harborage problems and assist the property owners in eliminating them.

### Public Health Nursing

The field workers in the Health Centers are the Public Health Nurses who visit patients in their homes, sometimes even in their place of business, to evaluate health needs and assist them in finding proper care. They also work in schools and clinics and a wide variety of other activities - senior citizens centers, housing projects, nursery schools, Special Service Centers for pregnant teenagers. They teach classes for expectant parents and parents of young children. Their objective is always the promotion of health by teaching, counseling, case finding, assessment of health and social needs and referral for proper care.

Several public health nurses, after a period of specialized training, are now functioning in expanded nursing roles such as the Pediatric and Maternity Nurse Practitioners.

### School Health

The school health program in both public and parochial, elementary and secondary schools in San Francisco is staffed by public health nurses, community health workers, environmental inspectors, and health educators from the Health Centers. They work with school personnel to help each child obtain the maximum benefit from the educational experience.

The funds that supported the school health aide positions under the Emergency Employment Act have run out but it is hoped that another such program will be started. A well-trained health aide can be very helpful to the nurse, especially in the secondary schools. With an ever diminishing number of nurses to work in schools, the school health

program will suffer severely unless health aides can come in to fill the gaps.

The total school enrollment in San Francisco has decreased further, perhaps because of the many families who have moved to avoid bussing. The problems in schools have not diminished; in fact, they are worse in some schools, at least. The middle class families who have moved away are being replaced by poorer families, minorities, often new to this Country, and handicapped by being non-English speaking.

### Mental Health

Health Center staff work closely with personnel from the Community Mental Health Services to assist families with psychiatric illnesses. More and more patients with mental illness are being treated at home and many facilities are functioning in the districts to provide out-patient services and day care.

## HEALTH DISTRICT 1 (EUREKA-MISSION)

Health District 1 is located in the center of San Francisco and extends from the Bay to Mt. Davidson. It is a heterogeneous area with many different ethnic and socio-economic groups. Although the population has decreased over the past five years, the decrease has been appreciably less than for San Francisco as a whole. The Spanish-speaking population continues to increase and now constitutes 33.7% of the total population. Unemployment, transiency and one-parent families are higher for District 1 than for San Francisco as a whole. The birth rate continues to be the highest in the city.

BART finally became a reality this past year and construction of the underground Municipal Railway continues to interfere with traffic and business operations along Market Street. The old Regal Pale Brewery property remains empty, apparently for the lack of redevelopment funds. There seems to be a renewed interest in the older residential areas and many of the fine old Victorians are being refurbished; also, several of the schools are in the process of being remodelled to meet earthquake regulations.

The Health Center continues to be busy with an average of 1,200 patient visits per month. The neighborhood looks to the center for primary health care and there has been an increase in patients requesting help for acute illnesses and injuries, as well as for the more traditional preventive health services.

Well baby visits have decreased but there is an increase in school age and adult visits. The clinics have been reorganized to help meet these changes and a problem-oriented record system has been instituted.

Special programs conducted this year included reorganization of school health services; initiation of nursing services in the Senior Housing Buildings; initiation of physician services at City College; and an influenza immunization program for the elderly.

## HEALTH DISTRICT 2 (WESTSIDE-MARINA)

During the past year, Health Center 2 has continued development of programs suggested for consideration in the last annual report. One significant change has been the restructuring of personal health service, moving from age or program segregated "clinics" to the provision of all services, daily, by appointment. The commitment to preventive medicine has continued with emphasis on education and the patient's responsibility for his own health, as well as early detection. A clinical services staff of a physician, registered nurse and several health workers provide health assessments, tests, immunizations, information and referral. Additionally, certain counseling services continue to be provided by public health nurses. Despite the continuation of the previous year's decline in infants and children using the center, a gratifying increase in adults and the elderly has proven the value of increased availability.

New approaches in public health nurse staffing were attempted this year. One group of public health nurses were assigned the school health program, while the rest absorbed home visiting and clinic services. Evaluation of this program continues. Additionally, a maternity nurse practitioner was utilized in an attempt to provide decentralized maternity services for SFGH patients. The trial showed without question the satisfactory services thus provided, but insufficient numbers of patients required shifting the service to another area.

Services to the elderly continue high priority as housing units for senior citizens proliferate. There are currently 11 such developments completed in the district. Public health nursing service has consistently been provided as units opened. Many senior activity programs also receive service. The health center was additionally instrumental in the development of a community mental health program providing social work services for certain senior housing.

District support for a developing alcoholism program has permitted the program to broaden its services and move to new quarters. The methadone maintenance program continues to see its quota of patients, emphasizing the continued needs in the area of substance abuse for the district.

Continuing to respond to changing community needs remains the center's greatest challenge. Priority for "74-"75 appears to be maintenance of flexibility without sacrificing the unique contributions to quality community health services.

### HEALTH DISTRICT 3 (BAYVIEW-HUNTERS POINT)

Health District 3 occupies the southeast corner of the City and includes within its boundaries large industrial areas, housing projects and some of the oldest housing in the City. The population has dropped slightly as it has for the entire City.

The health services provided by the Health Center have changed somewhat in their focus and the people served. Because of the drop in the birth rate, some of the Child Health Conferences have been decreased in frequency or eliminated due to decreased attendance. A new Child Health Conference was added to serve the OMI district (Oceanview-Merced Heights-Ingleside) in the Salvation Army building on Broad Street.

Those clinics that serve primarily the elderly population, the Podiatry Clinic and the Glaucoma Screening Clinic, are very well attended and it is hoped that more services for this age group can be added. Visits for family planning and pregnancy tests continue to increase. The staff is now planning to open a prenatal clinic in the Health Center in the fall. This clinic will be staffed by a maternity nurse practitioner under the supervision of the Obstetrical Department of San Francisco General Hospital. This should greatly improve the clinic attendance and follow-up of obstetrical patients in the district.

Public health nurses continue to bring services of the Health Department to residents in their homes. There is a definite need for more nursing staff to meet the needs in adult health, chronic disease and child abuse.

The Ambulatory Health Center on Third Street, a clinic set up by the Health Task Force of the Model Neighborhood Agency, has been providing medical care to this area with some staff on loan from the Health Center. This group joined forces with the San Francisco Department of Public Health and wrote two grants, one for operating funds from H.E.W. for an expanded ambulatory care program, and one for funds from the Hill-Burton program to build a building to house these services. If these projects are funded, there will finally be some comprehensive medical care available in the Hunters Point areas.

Several groups in the area are working toward solutions of some of the district problems, such as COMO (Communities of the Outer Mission Organizations), Southeast Merchants and Industrial Organization and the Police Community Relations Organization.

## HEALTH DISTRICT 4 (NORTH EAST)

Health District 4 is the northeast portion of San Francisco consisting of North Beach, Chinatown, Central City, Downtown and South of Market. During this last year, the estimated permanent population has decreased from 109,800 to 108,100 (-1.5%). The weekday population is many, many times this figure and probably has increased. This district has 15.9% of San Francisco's population; 19.5% of those 65 years and over live in this district.

The most densely populated section of this district is Chinatown and its immediate environs where 57.2% of the Chinese people in San Francisco make their home. A small number of Filipino people live on Kearny Street and South of Market - numbering 3,900. Many of these are new arrivals from the Philippine Islands. The health problems presented in this district are much the same as last year. The number of new cases of tuberculosis has increased and represents 33% of the new cases for all of San Francisco. Venereal disease rates continue to be high. The rate and percent of cases of serum hepatitis have likewise increased this past year. Alcoholism and all of its complications and results continue to be a major concern.

Many programs are being increased and changed to more effectively provide the services needed. North East Medical Services (HEW funded), offering comprehensive health care to those eligible in Chinatown-North Beach, is expanding services, developing new ones and making plans for the indefinite continuation of this type of program. "On Lok" Senior Health Services (HEW funded as a pilot project) provides an alternative to nursing home care for the residents of this area. They are expanding services through private foundation funding. Their plans are for the permanent establishment of this program in Chinatown. North East Community Mental Health Service, Inc. (city and corporation) has been very active in this district establishing new programs and endeavoring to fill the gaps in mental health services. The Health Center staff are closely involved with these programs.

The Family Planning Project has been extremely successful, its services well utilized, with an increase in clinics as well as a growth in educational and outreach activities. The last week of January, 1974, "New Start Center" and Mars Hotel Project were without a home. St. Vincent de Paul Society very generously offered the mezzanine area at 1175 Howard Street for a temporary clinic site for "New Start," and the drop-in medical and nursing services for the population South of Market have continued from Ozanam House. The development of programs for the senior citizens has continued with considerable emphasis from all of the staff. The North of Market



Health Council, Inc. has been active in the development of these services for the Central City area. The Medical Clinic - offering outpatient and house call medical services - has been functioning from 121 Leavenworth Street since March, 1974. The clinic staff is from the Health Center, the site and facilities are provided by North East Mental Health. Future planning and supportive services are being developed by the Executive Manager of the North of Market Health Council, Inc. While many of the senior aides working in Senior Public Housing Projects have moved to other jobs, services continue for these people, utilizing the health aides that remain and the public health nurses who are on call when needed.

The Health Center staff will continue its efforts in tuberculosis control, in developing acceptable services for the senior population, in making health education efforts more meaningful and relevant, and in increasing the facilities for the care of the alcoholic and other chronically ill. The staff will remain aware of changing needs and requests and, as indicated, re-direct its efforts.

## HEALTH DISTRICT 5 (SUNSET-RICHMOND)

The face of the Sunset-Richmond is changing at an accelerated speed. The racial, cultural, socio-economic mix, long the pattern in other areas of San Francisco, is converting the previously described "uniformly white middle-class area," to one more reflective of the cosmopolitan nature of the city as a whole. This change has considerable significance for the district's programs and planning.

Demand for personal medical services continues, particularly for adult screening exams and family planning. Walk-ins for information and for service, as well as phone requests, place a heavy burden on in-center services. In addition, clinical services must be provided in other locations as transportation patterns do not encourage intra-district travel.

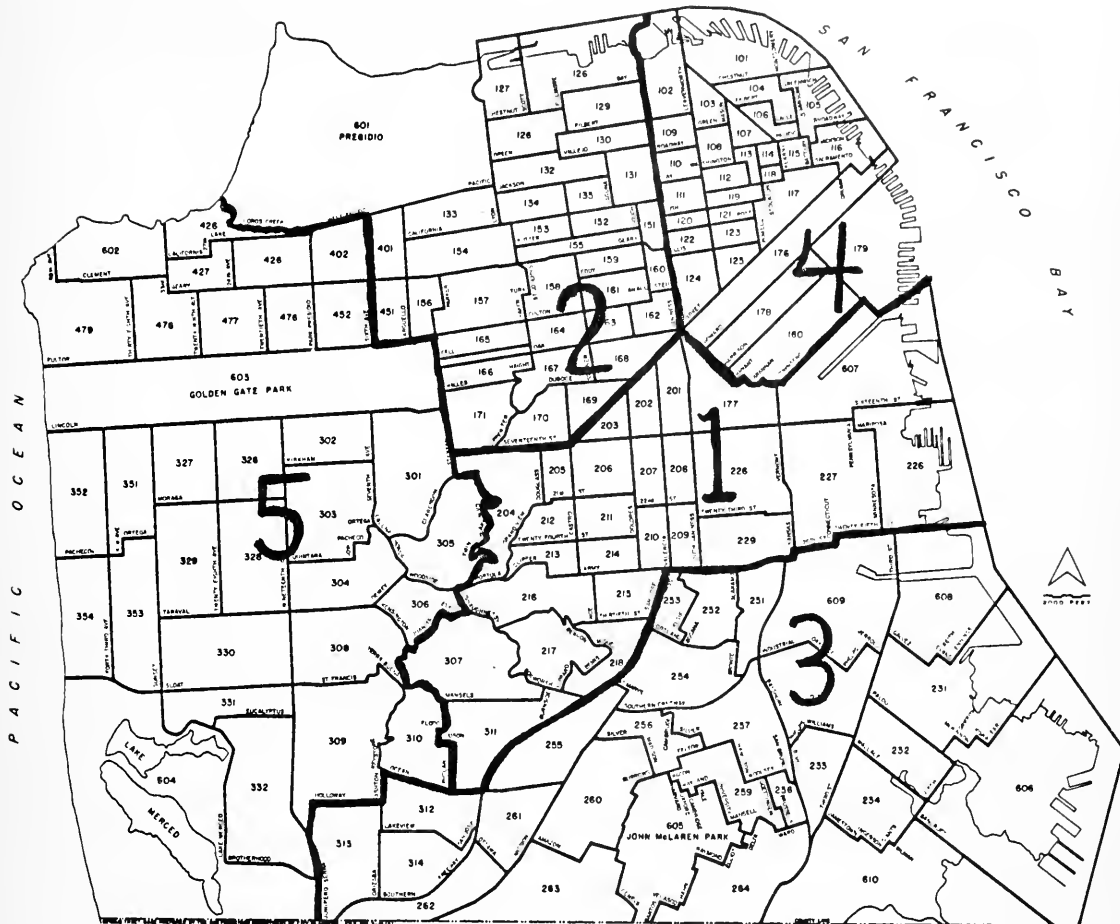
This year District 5 has participated in a new approach to school nursing by assignment of part of the staff to schools only, so that concentration within this program might indicate greater understanding of needs and directions for the future. The rest of the staff devoted its attention to clinics and home visiting.

A Health Educator has been added to the staff and quickly demonstrated the critical need both for community education and organization which had awaited that appointment. Most notable among activities initiated were a very successful health fair at George Washington High School in conjunction with the public health nurse in school, school staff and students, and the participation in the developing Asian coalition for more relevant services in the Richmond.

Decentralized chest clinics for the follow-up of tuberculosis patients have been set up to provide services to the Sunset and the Richmond, since these areas had begun to provide the preponderance of patients to the clinic at Health Center 2.

Future concerns for the district will be in the following areas: 1) Redeployment of clinical staff and services to promote accessibility and better meet changing patterns of use; 2) Consideration of increased services to the elderly, perhaps in conjunction with Community Mental Health services in the area; 3) Continuing work with other agencies and the community in developing services to the Richmond area.

# THE SAN FRANCISCO HEALTH DISTRICTS



## DISTRICT HEALTH CENTERS

District Health Center 1	3850 - 17th Street
District Health Center 2	1301 Pierce Street
District Health Center 3	1525 Silver Street
District Health Center 4	1490 Mason Street
District Health Center 5	1351 - 24th Avenue

SELECTED STATISTICS OF HEALTH CENTER SERVICES  
JULY, 1973 to JUNE, 1974

	<u>DHC 1</u>	<u>DHC 2</u>	<u>DHC 3</u>	<u>DHC 4</u>	<u>DHC 5</u>	<u>TOTAL</u>
<u>Total Population</u>	123,200	146,500	135,100	108,100	168,300	681,200
<u>Child Health Conferences</u>						
Total Attendance	2,971	547	3,529	2,983	1,768	11,798
Individuals Seen	1,451	187	1,127	1,350	754	4,869
<u>School Health</u>						
No. of Schools	47	37	44	20	47	195
Enrollment	22,590	16,000	24,000	9,110	29,208	100,908
Individuals Seen	1,087	224	2,603	1,171	1,177	6,262
<u>Adult Screening</u>						
Individuals Seen	492	489	215	438	599	2,233
<u>Family Planning and Cancer Screening</u>						
Total Attendance	2,378	769	2,023	7,552	2,767	15,489
Individuals Seen	1,325	357	702	3,894	2,175	8,453
Tests & Pap Smears	5,599	3,546	3,621	13,258	6,690	32,714
<u>Dental Clinic</u>						
Total Attendance	2,646	844	2,888	1,256	1,733	9,367
Restorations	1,829	350	3,012	2,160	1,837	9,188
Extractions	433	150	386	390	246	1,605
X-rays	1,093	128	1,139	0	1,350	3,710
<u>Immunizations</u>						
DPT, TD, Polio, Rubella, Measles, Smallpox	3,286	1,658	2,428	4,578	3,083	15,033
<u>Tuberculin Tests</u>						
No. done	4,647	4,395	3,176	5,720	4,737	22,675
% Positive	7.8	7.7	3.0	5.2	4.9	5.3
<u>Podiatry Clinic</u>						
Total Attendance	355	0	213	80	416	1,064
<u>Pregnancy Tests</u>	497	313	352	1,348	675	3,185
<u>Home Visits by PHNs</u>	9,724	7,190	18,028	6,863	8,070	49,875
<u>Environmental Health</u>						
No. complaints	2,314	2,918	3,395	2,208	2,008	17,619
No. inspections	10,613	4,940	9,113	11,961	9,863	39,400
<u>Chest X-Rays</u>	0	0	0	5,744	7,203	12,947
<u>Glaucoma Clinic</u>						
Total Attendance	134	0	193	71	195	593

BUREAU OF ENVIRONMENTAL HEALTH SERVICES



## BUREAU OF ENVIRONMENTAL HEALTH SERVICES

### OBJECTIVE

The basic objective of the Bureau is the protection of human health and the promotion of healthful individual and family living. In fulfilling this responsibility, the Bureau maintains a professional staff of State-registered Environmental Health Inspectors with broad inspectional and surveillance functions in the principal environmental health areas requiring major program effort. These include water supply, food sanitation, air and noise pollution, electromagnetic radiation, waste disposal, insect and rodent vectors, housing and institutional sanitation, occupational health, and general safety. As a regulatory agency, the Bureau relies upon all citizens to voluntarily comply with the sanitary requirements of City ordinances and State statutes. When such voluntary compliance is lacking and the public health endangered, the Bureau possesses both administrative and legal enforcement powers -- an authority which has been used judiciously, infrequently, and as a last resort.

### RELATIONSHIP TO THE COMMUNITY

The pursuit for environmental quality for San Francisco is a continuing commitment by this Bureau to all the residents of the City. Acknowledging that all citizens expect and are entitled to a healthful environment, Bureau personnel at all levels serve as direct contact agents with both business and residential elements to maintain and constantly upgrade environmental health standards. The ultimate environmental health influences found within San Francisco may be readily attributable to the work of the specialists within the Bureau, since, perhaps more than any other group of public health professionals, they are on the firing line of environmental health problems.

### BUREAU PROGRAMS AND ACTIVITIES

#### SERVICES PERFORMED FOR MUNICIPAL AGENCIES

Selected surveys, inspections, investigations, and other services rendered in whole or in part by representatives of the Bureau throughout the fiscal year were in direct support to the specific bureaus or departments listed below. Wherever possible, the Bureau endeavored to recover operational costs from the appropriate agency for which the primary or auxiliary services were performed.

TABLE I

INSPECTION DATA FOR FEE-PRODUCING CATEGORIES\* UNDER PERMIT BY THE DEPARTMENT OF PUBLIC HEALTH (F/Y 73-74)  
 (\* Dairy and Milk Inspection Division Not Included)

CATEGORIES	DESCRIPTION	NUMBER OF ESTABLISHMENTS/OPERATIONS UNDER PERMIT AT END OF F/Y	NUMBER OF INITIAL INSPECTIONS THROUGHOUT YEAR	NUMBER OF REINSPECTIONS THROUGHOUT YEAR
A	FOOD PREPARATION AND SERVICE ESTABLISHMENTS (Restaurants, Coffee-Shops, Bars, Taverns, Lunch-Rooms, Cafeterias, Snack-Bars, etc.)	3357	5796	9707
B	FOOD PRODUCTION AND MARKETING ESTABLISHMENTS (Groceries, Bakeries, Meat Markets, Breweries, Food Warehouses, etc.)	2079	2942	3492
C	MISCELLANEOUS - Group 1 (Food Salvage Dealers, Food Peddlers, Food Vending Machine Companies)	153	110	144
	MISCELLANEOUS - Group 2 (Laundries, Laundrettes, Swimming Pools, Pet Shops, Kennels, Ambulances, Cigar/Mattress Factories, Fumigation Companies, etc.)	692	986	712
	MISCELLANEOUS - Group 3 (Swill Trucks, and Scavenger Vehicles)	149	149	77
TOTALS		6430	9983	14132

24115



TABLE II

SUMMARY OF COMPLAINTS INVESTIGATED BY TYPE OF COMPLAINT  
(Fiscal Year 1973-1974)

Complaint Type	Number Complaints	% Total Complaints	Number Field Calls	Number Hours Expended	% Total Hours
A) General Sanitation	654	4.4	2142	2069	6.5
B) Plumbing & Sewage	601	4.0	1960	1361	4.3
C) Food & Water (incl Dairy & Milk & Food Poisoning)	1199	8.1	2740	2672	8.4
D) Solid Wastes (incl Scavenger Trucks)	5810	39.4	15395	14821	46.9
E) Animal Nuisances	1164	7.9	3176	2575	8.2
F) Animal Bites	2286	15.5	4887	2922	9.2
G) Rodents	857	5.8	2056	1659	5.2
H) Mosquitoes	161	1.1	419	292	.9
I) Other Insects	457	3.1	1268	1254	4.0
J) Noxious Vegetation	22	.1	98	58	.2
K) Fire & Safety Hazards (incl Radiological Health & Fumigations)	671	4.6	762	341	1.1
L) Industrial Hygiene (incl Ventilation, Air-Conditioning, & Lighting)	327	2.2	412	447	1.4
M) Air Pollution (incl Odor, Smoke, & Dust Control)	148	1.0	449	329	1.0
N) Noise Control	381	2.6	940	828	2.6
O) Non-Public Health (Unjustified & Referred)	33	.2	16	19	.1
TOTALS	14771	100.0	36720	31647	100.0

## BUREAU OF DISEASE CONTROL

In support of the Rabies Control Program, Bureau inspectors conducted field investigations and enforced quarantine regulations on suspect animals involved in bite episodes. A slight decrease was reported for the year in the number of animal bite incidents referred to the Bureau. Total cases numbered 2286, and these required 4887 quarantine and release visits by inspection personnel. While the 33 fewer cases represented an insignificant 1+% decrease below the preceding year total of 2319 cases, a dramatic 27% reduction under the six-year high total of 3093 reported in fiscal year 1970/1971\* was noted.

<u>Fiscal Year</u>	<u>Cases Reported</u>	<u>Total Field Visits</u>
1968/1969	2068	4501
1969/1970	2642	5149
1970/1971*	3093*	6510*
1972/1973	2319	5313
1973/1974	2286	4887
1971/1972	2632	6630

At least a portion of the decrease may be attributed to the implementation of the revised Animal Control Ordinance #226-73, which provides for not only stricter owner control and restraint over animal pets in public areas, but for administrative citation of pet owners for license violations and public health nuisances created by their dogs and other pets. As in past years, all bite episodes referred from the Bureau of Disease Control were investigated since counties adjacent to San Francisco are regarded as endemic rabies areas, with the ever-present risk of infection in the local animal population and consequent exposure to humans.

## SAN FRANCISCO DEPARTMENT OF PUBLIC WORKS

Inspections of apartments and hotel premises involving specific insanitary conditions were made by representatives of the Bureau on both a complaint and referral basis. Ten thousand one hundred four (10,104) inspectional and complaint investigational visits were conducted, and accounted for 12.5% of inspectional and complaint productive time expended by Bureau personnel throughout the year. The deficiencies reported included poor housekeeping standards within public rooms, baths and toilets, defective plumbing, improper garbage and refuse storage, presence of rodents and vermin, animal nuisances, lighting, odors, smoke, ventilation, and related conditions of public health significance.

The Bureau reviews for the Director of Public Health site plans and blue-prints of specific establishments installing or remodeling commercial kitchens or other food-preparation and storage areas, dairy plants, dog kennels, swimming pools and similar proposed facilities to insure construction conforms to Health Code requirements. A total of 509 plan reviews were accomplished during the fiscal year period.

#### SAN FRANCISCO PARKS AND RECREATION DEPARTMENT

Specialized water-quality control personnel of the Bureau conducted routine inspections of City-operated swimming pools and public beach waters used for recreative bathing to insure compliance with health and safety code requirements. Inspections included auxiliary structures and equipment provided and maintained in connection with the pools or beach areas. A total of 120 inspections was made and 242 samples collected for analyses. In general, the results of weekly inspections throughout the year indicated the pools and beach areas to have been well-operated and the chemical and bacteriological quality of the waters were within acceptable public health standards. Two pools were ordered closed by the Department of Public Health during the year, both in October 1973. Balboa Pool was directed to suspend operations because of an adverse drainage problem which was subsequently corrected and the pool re-opened, while Mission Pool was closed due to an engineering turbidity problem which rendered the pool unsafe. Whenever recreational waters or beaches were considered to be other than sanitary, healthful, or safe for use, appropriate signs were prominently posted to warn potential users.

#### SAN FRANCISCO WATER DEPARTMENT

Routine samples of raw and treated water supplies at points throughout the City underground water sources and fixed distribution system outlets were taken throughout the year to assure constant water quality control in accordance with Public Health Service community water supplies standards. During the report period, 3056 samples were collected for bacteriological and chemical analyses, and 1352 inspections of distribution mains and reservoirs conducted as part of the surveillance program mandated by State Law. These samples were independently collected and supplemented the chemical and bacteriological monitoring program of the Water Department. No known water-related diseases or water-borne epidemics occurred during the year.

As a result of an Order and Judgement based on Case C-72-350SW, the United States District Court (Northern District of California) set forth specific procedures before the San Francisco Water Department could discontinue service to dwelling units for non-payment of water bills.

One requirement was that the San Francisco Department of Public Health be notified at least fifteen days in advance of service termination. A total of 506 referral letters was received during the fiscal year. Bureau personnel made 1268 field calls and expended 805 hours (approximately 1.6 man/hours per referral) for initial and follow-up inspections and administrative time to render reports. In all cases satisfactory arrangements and/or payments to delinquent accounts were made to preclude termination of service.

#### SAN FRANCISCO DEPARTMENT OF SOCIAL SERVICES

Approximately 150 Residential Care Homes for the Ambulatory Aged are licensed to operate within San Francisco. On referral from the Department of Social Services, the Bureau conducted 200 initial, follow-up, and special inspections of these facilities to insure compliance with sanitary standards and safety code requirements. Appropriate reports were submitted. In addition, 55 special inspections of Mental Health Care facilities (Homes for the Emotionally-Disturbed or Mentally-Retarded) were accomplished.

#### SAN FRANCISCO POLICE DEPARTMENT

Sanitary inspections of food peddler vehicles, including mobile caterer trucks, were made on a referral basis prior to issuance of licenses by the San Francisco Police Department for operation within public areas. During the period 13 such inspections were conducted, and 48 vehicles meeting sanitary standards were issued a windshield decal denoting Department of Public Health approval. In addition, special sanitary inspections of cabarets, theatres, dance-halls, and other privately-operated places of entertainment or areas of public assemblage, either with or without public food service facilities and/or public comfort stations, were made on referral from the Police Department. There were 142 such initial inspections accomplished and informational reports rendered during the period.

Massage establishments and public bath-houses likewise are regulated by the Police Department, but issuance of a license is contingent upon approval of the facilities by the Department of Public Health. A total of 188 massage parlor/public bath-house field inspections was made and written reports filed.

#### SAN FRANCISCO DETENTION FACILITIES

Food service operations and general sanitary conditions within the five City and County jails and the three juvenile municipally-operated detention facilities were examined by Bureau representatives and deficiencies noted.

Remedial actions necessary to insure compliance with minimum standards of the California State Board of Corrections were recommended through formal reports to responsible authorities. Twenty-two inspections were conducted and reports filed during the period.

#### SAN FRANCISCO UNIFIED SCHOOL DISTRICT

Sanitary inspections of food service facilities and operations of the elementary and high schools comprising the San Francisco Unified School District were accomplished on a routine basis and information copies of reports forwarded to the Office of the Superintendent. Two hundred fourteen (214) such inspections among the 124 schools within the system were conducted during the period. Inspection of school physical plants and adjunct facilities other than food service operations were conducted on both a request and complaint basis.

#### SAN FRANCISCO CITY PURCHASER

A representative of the Bureau, specialized in USDA meat grade standards and meat processing plant sanitation regulations, was assigned full-time to the inspection of meat and poultry consigned for City institutions to verify City Purchaser contract specifications. An acceptance-type procedure was followed in that the meats and poultry were inspected at local plants during cutting and/or processing operations. Special inspections were made of central processing facilities and meat-transport vehicles to insure compliance with established practices, storage methods, and in-transit requirements. Random samples of selected food products, particularly of the ground meat varieties, were collected on an irregular schedule and submitted for laboratory analysis. A total of 1,225,742 pounds of food was inspected during the fiscal year; of this total 37,378 pounds (or 3.0%) was rejected for failure to satisfy contract specifications.

#### SERVICES PERFORMED FOR STATE AND FEDERAL AGENCIES

Special inspections are conducted and other services mandated by legislation are rendered to State and Federal agencies on a year-round basis. Partial reimbursements for these services are obtained indirectly through subvention funds.

#### STATE DEPARTMENT OF HEALTH

The Bureau continued required surveillance activities for which the State Department of Health asserts primary responsibility.

A total of 2275 on-site inspections was conducted and 2675 water samples were collected from drinking water sources, beach areas, and water reclamation plants, and laboratory-tested for bacteriological and chemical quality to determine presence of contaminants.

San Francisco was one of twelve coastal counties which participated in the State Health Department Annual Paralytic Shellfish Toxin Surveillance Program. This involved systematic collection of sea mussels at growing sites which were examined at state laboratory facilities for the presence of toxin-producing organisms. The State Mussel Quarantine Order covers the period May 1 through October 31 of each year, during which time mussels from California coastal waters are declared unfit for human consumption. The surveillance program serves as an early warning system to detect rising toxin levels.

#### STATE BUREAU OF FOOD AND DRUG

Bureau inspectors participated in product quarantine and recall actions declared by the State Bureau of Food and Drug, or monitored by the State Agency for the Federal Food and Drug Administration, Environmental Protection Agency, or the Federal Consumer Product Safety Commission. Suspect foods and products included improperly processed canned mushrooms containing botulism-causing organisms, anthrax-contaminated goatskin bongo drums and rugs from Haiti, imported Chinese herbal medications containing dangerous amounts of anti-inflammatory chemicals, aerosol sprays containing vinyl chloride and linked to liver cancer, and aerosol spray adhesives, exposure to which could result in possible chromosomal damage and resultant birth defects in new-borns. The life-threatening or hazard-to-health implications of these products concentrated the Bureau manpower to the problems and mandated emergency or priority-type inspections, which often were conducted to the exclusion or postponement of other programs and services.

#### STATE DEPARTMENT OF REHABILITATION

Sanitary inspections of food preparation facilities and candy counter-type marketing activities operated by individuals certified by the Division of Business Enterprises for the Blind, State Department of Rehabilitation, were conducted during the period. "Non-Fee Permits" were issued to the operators of such retail outlets. The majority of enterprises were located in Federal, State and local government buildings within the City.

## STATE DEPARTMENT OF SOCIAL WELFARE

Comprehensive sanitary inspections of selected facilities under the jurisdiction of the State Department of Social Welfare were conducted on a referral basis. These fixed premises, designated as Infant Care, Child Care, and Extended Day Care Centers, and Pre-School or Day Nurseries, required sanitary approval by this Bureau prior to issuance of operating licenses by the State agency. Twenty-two initial and 28 follow-up inspections of such facilities were conducted and reports rendered during the fiscal year.

## STATE DEPARTMENT OF AGRICULTURE AND UNITED STATES DEPARTMENT OF AGRICULTURE

Water samples from State-licensed meat plants were collected and bacteriologically tested for the State Department of Agriculture and the United States Department of Agriculture. Information copies of the results of bacteriological analyses were forwarded to local offices of these agencies.

## UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

The Bureau, as a participant in the National Air Surveillance Network sponsored by the Environmental Protection Agency, forwarded at twelve-day intervals locally-collected air samples to the Analysis Laboratories of the Division of Atmospheric Surveillance in North Carolina. Duplicate samples were submitted to the Laboratory Support Branch, EPA Region IX, at Alameda, California. A total of 127 samples was collected and analyzed for chemical composition, including determination of atmospheric particulates and gases.

## SERVICES PERFORMED FOR FEE-SUPPORTED ACTIVITIES

The San Francisco Charter directs that inspectional services rendered private business and commercial enterprises which are under permit by regulatory agencies of The City be charged to, and fully reimbursed by, adequate license fees. On June 30, 1974, a total of 6,430 establishments and/or operations under sanitary compliance authority of this Bureau was under permit by the Department of Public Health. The bulk of inspectional manpower expended during the year was rendered to the food service industry, and to a lesser degree to other licensed operations within the inspection system. Data pertaining to the licensed fee-producing programs are summarized in Table I. (Dairy and Milk Inspection Division statistics are not included in totals).

Total inspectional costs are interpreted to include not only salaries and employee fringe benefits, but such operational expenditures of the Bureau as supplies, equipment, and general overhead. Fee activities are computed to bear only a proportionate share of total Bureau budgetary considerations, and fee adjustments are made as necessary to equitably apportion increased costs due to inflationary pressures and realities.

## OTHER BUREAU ACTIVITIES

### INDUSTRIAL HEALTH ACTIVITIES INDUSTRIAL HYGIENE PROGRAM

Bureau personnel, on a consultative basis, provided assistance to employers and employee groups in occupational health matters. Employee complaints regarding health risks in the work-environment were investigated and notices issued to eliminate work-related hazards. Work injury reports were reviewed and corrective measures recommended when indicated. During the period 290 such investigations were conducted and appropriate action taken.

### NOISE CONTROL PROGRAM

Public health officials recognize the control of unwanted noise to be as much an issue of environmental health as any other type of pollution. Local civic authorities, through Ordinance #274-72 defined noise levels detrimental to the health and welfare of the citizenry of San Francisco, and enacted legislation to prevent certain noises intruding into community or home environments. In August 1973, in order to prepare for noise-related investigations, a special training program was conducted for assigned personnel. General noise data and regulations were reviewed, and personnel specially trained in the use of noise measuring instruments as Type I Sound Meters and Lineal Strip Recorders. The equipment subsequently was used in the investigation and abatement of 381 sound-related complaints. The complaints involved noise in excess of legal limits arising from fixed sources such as air conditioning apparatus, ventilation or refrigeration equipment, industrial and commercial process machinery, and other stationary sources of sound. The cooperation of offenders advised by initial notice of noise-producing equipment was excellent. In no instance was further administrative or legal action necessary, nor were any referrals made to the Variance Board as provided in the Noise Abatement Ordinance.



A city-wide survey of ambient noise levels was conducted involving day and night-time readings at 756 locations. Special surveys to provide noise element data for inclusion in Environment Impact Reports were performed for and at the request of other City agencies.

#### MICROWAVE OVEN SURVEILLANCE PROGRAM

Appropriate detection equipment to measure electromagnetic radiation from microwave ovens has been received by the Bureau. A systematic surveillance program over such ovens in commercial use is being developed and will be implemented early in the next fiscal year. It is planned to offer the detection service to private users on a request basis. The microwave emission standards of the Federal Bureau of Radiological Health will be used in the program.

#### ELECTRONIC DATA PROCESSING PROGRAMS

##### SAN FRANCISCO CITY DATA PROCESSING SUB-PROGRAM

The Bureau instituted computerized record-keeping on July 1, 1972 and completed two full year operations on June 30, 1974. Minimum adjustments were required during the period, and program additions and changes to master tables were made as needed. Over 315,000 Master File Records were entered on storage disks during the two-year time-span. A periodic records purge and inactive storage process will be implemented after the start of the fiscal year, and will involve approximately one-quarter of the active records in six-month increments. The records will not be destroyed, but transferred as inactive files to reduce costly computer time in data search and retrieval operations.

The electronic data processing program has greatly aided current accounting procedures, replacing the error-prone and time-consuming hand tabulations which were performed in the past. The full computer processing and retrieval of input data through ten detailed reports has enabled the Bureau to monitor performance and cost account all inspection and surveillance programs, regulatory actions, sample tabulations, District work-loads, complaint types and responses, and other selected activities. Report facts have been used to conduct program evaluations, goal analyses, and budget projections.

## CALIFORNIA STATE DATA PROCESSING SUB-PROGRAM

On January 1, 1974, the Bureau joined the State-sponsored multi-jurisdictional computerized evaluation system for the food sanitation program. The system was established to evaluate on a statewide level all facilities used by the food industry. The basic program relies upon the completion and submission of a standard one-page machine-readable inspection form which is subsequently fed through optical scanning equipment and the data stored on tape reels. The system is designed to provide a periodic inventory of food establishments within a health jurisdiction by category types, and to furnish quarterly, semi-annual, and yearly statistical summaries which reveal inspection coverage by type of establishment, graded sanitary condition of each establishment, and numbers and types of code violations found. Other print-outs will produce time data in travel and inspection areas, overall percentages of establishments inspected, graded scores by types of establishments, and sanitary ratings by groups. It is anticipated that as total input data builds and contributes to meaningful sorting, reports will prove extremely useful to management and budget personnel concerned with cost effectiveness, and to supervisory personnel involved in periodic reviews of food program inspection results.

## PEACE OFFICER TRAINING COURSE

In April 1974 all Bureau inspection personnel completed a mandatory course of study required by Section 832 of the California Penal Code. The course consisted of both classroom instruction and written examination. Assigned personnel hold limited Reserve Police Officer status when performing official duties as Environmental Health Inspectors. This police authority is necessary when making arrests, or issuing citations in lieu of arrests, for violations of the Health and Safety Code.

## INVESTIGATION AND ABATEMENT OF COMPLAINTS

As in the past, the Bureau received a large number of complaints against environmental nuisances and health hazards, and nearly 15000 of these were processed during the fiscal year period. The investigation and abatement of these public-service health-related complaints accounted for a substantial portion of the overall workload of Bureau Inspectors. Table II summarizes the numbers and types of complaints received and abated.

Solid wastes (garbage, refuse, and general litter) were once again the most numerous among the types of complaints in both number probed and time expended in their correction. While this category dominated the complaint investigatory actions, the passage of additional local legislation during the past three years has greatly strengthened solid waste removal authority within The City. San Francisco City Ordinance #20-72 requires all households to subscribe to licensed garbage removal service on at least an one-time weekly basis. Ordinance #150-73 defines a homeowner's or occupant's responsibility for the removal and abatement of nuisances detrimental to health. The Ordinance provides for payment from public funds for the cleanup of vacant lots, private premises, or other properties if not accomplished by the owner when so ordered by competent authority, and further directs reimbursement by means of a lien levied against the property. An Abandoned Vehicle Removal Ordinance #211-74 was adopted in May 1974, but requires coordination with the California State Highway Patrol before vehicle removal provisions can be implemented. Although yet too early to completely assess results, it appears that these special preventive or remedial efforts have had a mitigating effect upon the solid wastes complaint load.

In addition to the investigation and abatement of routine-type complaints, a total of 1247 special investigations, generated by written communications or petitions and requiring specific replies and special reports, was conducted by Bureau personnel during the year.

#### RODENT CONTROL PROGRAMS AND PLAGUE SURVEILLANCE ACTIVITIES

The Bureau administers and coordinates all rodent surveillance and control programs in operation throughout The City. These include the activities of the regularly-assigned Bureau rodent control personnel and the Plague Surveillance Unit, and of two federally-supported special projects.

#### RODENT CONTROL PROGRAM

Trained technicians and supervisory personnel continued routine rodent control functions. District Health Centers were each assigned one rodent controlman with whom District Inspectors coordinated local control work and referred complaints of rat presence or activity. Rodent investigatory actions averaged 70 monthly and accounted for approximately 5% of all complaints received during the year. The control specialists conducted routine trapping and poisoning operations and a special project in which sewers in twenty-five miles of streets were baited with Diphacinone anti-coagulant

rodenticide. Live rats were trapped in support of the Plague Surveillance Unit acting in cooperation with the Center for Disease Control. Under continued contractual arrangements with the Redevelopment Agency, the special team designated in 1971 conducted rat eradication activities in buildings and other structures due for demolition in selected areas of The City.

#### PLAGUE SURVEILLANCE UNIT OPERATIONS

This Unit monitors possible introduction of sylvatic plague from wild rodents in the western United States or bubonic plague from foreign endemic areas.

Surveillance and control activities along the San Francisco-San Mateo county borders were continued against ground squirrel populations and other wild rodent carriers of sylvatic plague that could invade and pose a threat to San Francisco County residents. Ectoparasites were collected from animals and live rats trapped by District Rodent Controlmen and forwarded for identification to the laboratories of the Vector-Borne Disease Branch of the Center for Disease Control at Fort Collins, Colorado. Results of field and laboratory activities of the Unit during the year are summarized below:

##### Rodent Control and Plague Surveillance Statistical Data Summary

Number of Premises Inspected	10,935
Number of Trapping Days	1,040
Number of Rats Trapped	2,888
Number of Rats Examined	1,035
Number of Ectoparasites Collected and Examined	984
Number of Ectoparasites Found Positive for Plague	0
Number of Rats Poisoned (Recovered Rats Only)	9,075
Number of Other Rodents Collected (Sylvatic Plague Control)	6,316

A special survey was conducted to determine reasons or causes for movements of Roof Rats to neighborhoods normally regarded as predominately Norway Rat areas. These migrations may be the result of ecological disruptions within communities. No conclusions have been reached and the studies are continuing.

#### FEDERAL PROGRAM - EMERGENCY EMPLOYMENT ACT PERSONNEL

The Bureau rodent control program has enjoyed two full years of supplemental assistance from personnel assigned through the federally-funded Emergency Employment Act of 1971 (EEA). The EEA program was extended approximately fifteen months beyond its initial expiration date. It is expected to be terminated early in the next fiscal year, but will probably be replaced by a similar-type program designated as the Comprehensive Employment Training Act of 1974 (CETA).

EEA participants in the Bureau program proved to be well trained, highly motivated, and productive employees who contributed significantly to the Bureau overall rodent control effort.

#### FEDERAL PROGRAM - URBAN RAT CONTROL PROJECT (MISSION DISTRICT)

This is a comprehensive federally-supported rodent control project in a 220-block inner-city "target area" situated in the Mission District of San Francisco. Approximately \$175,000 of federal grant funds were made available to the Department of Public Health through the Federal Urban Rodent Control Program for the initial year operation. The Project completed its first year on June 30, 1974. Second year operational funding has been requested, and it is expected that grant funds will be made available. The Department of Public Health furnishes "in-kind" support to the Project.

The main objectives of the Mission District Urban Rat Control Project are the source reduction of existing rat populations and the elimination of environmental conditions which contribute to rat infestations within the area to a level where they no longer can exert a negative public health or economic effect upon the community. The Project employs seven Rodent Control Field Aides who are bilingual (Spanish-English) and who reside within the district. Specialists within the Bureau are made available for training of the Aides, and provide supervision for the Project. The Project plans to help residents understand the relationship between rat infestations and the storage of food and refuse. It attempts to provide self-motivation for a clean neighborhood that will make all residents maintain environmental health conditions which will eliminate rat infestations and promote

healthful community living. The cooperation of the target area residents is essential to the success of the program.

## DIVISION OF DAIRY AND MILK INSPECTION

### OBJECTIVE

Milk occupies a unique position in the broad field of food sanitation and quality control. While it is one of the most nutritious of foods known, it is also one of the most highly perishable. The rigid inspectional programs and thorough surveillance activities of the Division regulate compliance by the local milk industry with all public health laws and California Department of Agriculture codes and regulations, and assure safe and high-quality milk and milk products for the people of San Francisco.

### DAIRY FARM INSPECTION PROGRAM

The regulatory supervision of 411 dairy farms includes the construction of dairy buildings, proper installation of equipment in the dairy buildings, a safe and protected water supply for the dairy operation, proper waste disposal to prevent environmental pollution, and frequent inspections to insure sanitary conditions around the dairy premises. Control of the use of antibiotics and pesticides, exclusion of unhealthy cows from the milking herds, and sanitary production and handling of milk are important milk inspection functions in rural areas. The Division utilizes results from industry laboratories in order to avoid duplication of testing of same lots of milk, provided that these laboratories are approved and employ licensed technicians.

### SKIMMING AND COOLING PLANT INSPECTION PROGRAM

Milk producing units located at distances from the larger marketing areas find it convenient to assemble the milk in a plant in the immediate vicinity where milk is produced. This milk is graded and tested and placed in large storage tanks for prompt and rapid delivery to the pasteurizing plants. The pasteurizing plants may request shipments of non-fat milk, low-fat milk or standardized milk which meets the legal minimum standards for defined market milk products. When cream is removed from milk with the separator and then lowered in temperature to aid the keeping quality, the term "skimming and cooling" is applied to these operations.

## PASTEURIZING PLANT INSPECTION PROGRAM

State-certified dairy inspectors of the Division supervise the processing of fluid milk and milk products in six pasteurizing plants. Samples of raw and pasteurized products are taken at the plant and submitted to the laboratories for analyses to determine if the bacterial and chemical standards are being maintained. Supervision in these plants includes construction of new facilities and renovation of existing facilities, form and type of milk handling equipment proposed for milk processing, proper installation of equipment in the plant, and proper terms used on labels of milk cartons and other milk containers. Milk inspection costs are reflected in inspection fees charged to the dairy processors and distributors or associations involved in milk-pooling operations.

## RETAIL INSPECTION AND SAMPLING PROGRAM

The routine sampling of milk and milk products from restaurants, grocery stores, and other retail outlets was continued throughout the year. Additional samples were submitted for examination from milk supplies on farms, pasteurizing plants, and distribution centers. The Chemistry and Microbiology Laboratories of the San Francisco Health Department performed over 22,000 tests on market milk and market milk products to assure that milk product standards are being maintained. When milk did not comply with State Laws and City and County Milk Ordinances, appropriate degrade procedures were taken. During the fiscal year, 434,147 gallons of raw milk failed to meet market milk standards and were excluded from the fluid milk market.





BUREAU OF DISEASE CONTROL AND ADULT HEALTH



## BUREAU OF DISEASE CONTROL AND ADULT HEALTH

The Bureau of Disease Control and Adult Health undertakes probably some of the most interesting work in the Department. The Staff acts independently for the Department, as well as jointly with voluntary agencies, and with State and Federal public health organizations, on questions and projects with regional, national, and on occasion, even international ramifications. The Bureau Divisions work in three major areas of preventive medicine: Epidemiology and Communicable Disease, Occupational Health and Environmental Medicine, and Chronic Disease and Adult Nutrition. The Basic purpose of all three Divisions is the same: to protect the public by primary and secondary prevention of disease and disability.

The Bureau has general administrative responsibility for the Divisions of Tuberculosis and Venereal Disease Control. Both are essentially independently functioning units whose reports appear elsewhere. To carry out its multiple responsibilities, with limited staff, the Bureau works with and through the District Health Centers and most of the other service Bureaus, particularly the Microbiology Laboratory.

### Bureau Services

#### 1. Epidemiology and Communicable Diseases (60% Bureau Staff Time)

##### Reports, Tabulations, and Records

The Bureau collects and prepares periodic tabulations of reportable disease notifications received from hospitals, laboratories, private physicians and public health clinics. The reports are known to be incomplete, - seriously so for some diseases. Complete notifications are essential for epidemiologic control, and the Bureau constantly urges upon clinical sources the importance of making these reports. During this report period 24,192 such reports were processed; however, they provide no satisfactory tool for estimating how many cases of disease were "prevented" by the work of the Bureau.

### Representative Units of Bureau Services

	<u>Fiscal Year</u>	<u>1963</u>	<u>1973</u>	<u>1974</u>
Travel Certificates		11,173	14,419	12,643
Morbidity Reports		9,979	21,097	24,192
Animal Bite Investigations		1,868	3,602	3,527
City Prison Examinations - VD		555	3,984	2,038*
City Prison - General Medical		3,648	11,571	10,559
Infectious Hepatitis Prophylaxis		NA	1,091	908
Work Injury Reports		NA	1,931	2,200

\* City Prison clinic visits for VD were discontinued after end of February, 1974, by change in program protocol.

Large numbers of military personnel and travellers from foreign countries, especially from mainland Asia and the South Pacific are bringing unusual diseases to San Francisco with growing frequency. Imported cases of such local rarities as schistosomiasis from the Near East and typhoid fever from Mexico added to the surveillance activities required of the medical staff.

### Rabies Control

During the reporting period, 3,527 animal bites were monitored for control of rabies, and processed for surveillance, quarantine, or other indicated management of biting animal and the patient. The new animal control ordinance repealed Health Code sections dealing with control of biting dogs without legislating a substitute. Correction of this omission in control is pending.

### Immunization Certification

The Bureau is required by the United States Public Health Service and the WHO regulations to certify immunization certificates of vaccination for foreign travel. A fee of \$1.00 is charged for this service, to cover clerical costs, and in fiscal 1974, \$12,643 was collected, a decrease from the previous year. The decrease can be attributed to reduced immunization requirements of foreign travellers. The Bureau adds to this service health counseling for foreign travel, distributing health education materials and advising on general health safeguards for tourists.

### Tattoo Parlors

The Bureau supervises tattooing, and the absence, again, this year of any reports of infectious disease attributable to this source attests to the success of the surveillance program. The establishments are inspected by the Bureau of Environmental Health Services for general sanitation.

### Immunization Programs

The Bureau staff helped organize, administer and/or participate in a variety of immunization programs collectively reaching many thousands of individuals (approximately 16,000 - 17,000).

- a. Smallpox immunization for foreign travellers.
- b. Immune gamma globulin injections to contacts of infectious hepatitis.
- c. Special occupational health programs for City and County employees:
  - Department of Public Works: Sewer workers, and other High risk employees.
  - Recreation and Park Department
  - Health Department Microbiology Laboratory
  - Fire Department.
  - City employees and retirees immunized against influenza and tetanus.
  - Other small groups and individuals.
- d. Special influenza immunization program for Senior Citizens.

### Malaria Surveillance; Epidemiological Rarities

As partial response to the challenge of imported communicable disease, the Bureau reports all known cases of malaria to the blood banks of the City. Most of these cases are known from reports of military personnel, sent by the Department of the Army. A number of interesting investigations were made on some diseases or disease contacts usually rare in San Francisco, such as typhoid fever, shigellosis, cholera, smallpox, amebiasis, various other parasitic infestations; also schistosomiasis, meningitis, coccidioidomycosis, psittacosis, botulism and mussels poisoning. Outbreaks of diarrhea and dermatitis in several nursing homes and convalescent hospitals during the year, required detailed epidemiological inspections of the techniques employed, to find and control the causes of the outbreaks. The Bureau's responsibility for the control of communicable disease, as set forth in the State Health and Safety Code, may require that the staff initiate requests for increased budget allotments for equipment, vaccines, and personnel. These will be needed to carry out preventive measures against the growing challenges of formerly rare communicable diseases, imported now in growing numbers from abroad.

## City Prison Medical Services

The Bureau operates a "sick-call" at the City Prison six mornings per week, and annually evaluates health and medical services in all the detention facilities operated by the City and County.

### 2. Occupational Health and Environmental Medicine (16% Bureau Staff Time)

The Division participated in programs on local, regional and statewide levels, the Division Chief representing the Department and the Bureau in a number of major roles and planning bodies.

In these capacities, the Division

- 1) reviewed and investigated appropriate cases from among almost 2,200 city-wide work-injury reports;
- 2) organized a program for health protection against a variety of industrial toxins among employees in some private industries;
- 3) maintained the health surveillance program and periodic medical examinations for more than 3,500 employees in the municipal hospitals;
- 4) continued to monitor reports on hospital and nursing-home safety from the State Department of Public Health; and made health and safety inspections in four hospitals;
- 5) consulted with the San Francisco Retirement System on continuing review and revision of forms for occupational illness and injury reports required under the Federal Occupational Safety and Health Act;
- 6) worked with the San Francisco Fire Department on a study to improve preventive services for heart disease and hypertension among their employees;
- 7) continued testing among children, ages 1-5, in the low-income areas of the City, for possible lead intoxication, in conjunction with Chemistry-Toxicology Laboratory;

- 8) presented several seminars on environmental health and safety, to various community health groups in the City;
- 9) participated as a speaker on a University of California School of Medicine day-long seminar on industrial dermatitis;
- 10) participated in the annual health and safety inspection of the medical and health facilities in both the City and County Adult Detention institutions, and in the Youth Guidance Center and associated ranches.

3. Chronic Disease and Nutrition Service (24% Bureau Staff Time)

Although the Bureau is limited by staff and budget in its ability to mount programs in the control of chronic disease or to provide services to the elderly, it has made significant contributions to the community's well being. It does this by focusing attention on needs and assisting others to provide the service, organize programs and identify resources to accomplish these goals. "Others" may be other Department units or outside agencies.

1. The Bureau's activities of a consultative nature in assisting other Health Department units in providing services:
  - a. An Adult Screening Program was developed with District Health Center Staff, to identify early disease and referral for remedial services.
  - b. District Health Centers with general guidance from the Bureau have been able to provide glaucoma screening and podiatric services to the older population they serve.
  - c. The Bureau continues to administer a program screening females for cervical cancer in the Department's family planning clinics at District Health Centers, and the Venereal Disease Clinic. We assist other community agencies, such as "free clinics" in offering this service to their clients.
  - d. We joined with the Bureau of Maternal and Child Health in designing the Department's Sickle Cell Anemia program implemented in the Districts.

2. Bureau staff expertise is called upon to assist other community groups, voluntary health or social agencies undertake programs serving the chronically ill and aging populations.
  - a. Joined with representatives of community agencies in establishing the San Francisco Area Planning Agency for the Aging and securing its initial funding under the Federal Older Americans Act. The Bureau has been active in the multiple planning activities of SFAPAA.
  - b. Continues with San Francisco Meals on Wheels Inc. to implement a portable meals program to serve all areas of San Francisco. We have assisted them in identifying outside sources of funding.
  - c. We assist the San Francisco Home Health Service in planning and administering a program which brings in-home services to the disabled and aging home-bound of San Francisco.
  - d. Bureau staff are directors or advisory members to numerous community groups serving a variety of needs of the chronically ill and aging, i.e. EOC'S Self Help for the Aging, San Francisco Commission on Aging, San Francisco Diabetes Association etc.

#### Nutrition Services

The efforts of the Adult Health Nutritionist are directed toward the various agencies that serve the older population. The services and programs of the Nutritionist are provided in one of two ways: I)-those done in conjunction and consultation with the other team members of the Bureau and, II)-those done essentially on own in conjunction with others working in the nutrition and/or health field. The Bureau's funds for materials, supplies and travel allowance are not yet adequate to meet current community demands for this program.

- I. Those done in conjunction and consultation with other team members of the Bureau:
  1. Participation, consultation and implementation of the following;
    - a. Consultation and observation of the development and completion of a demonstration project with the San Francisco Department of Public Health and the San Francisco Nursing



Home Association. The Agencies secured a grant whereby a nutritionist was hired to develop a comprehensive program for Extended Care Facilities.

- b. Preparation of recommendations on the adequacy of the food allowance for people receiving general assistance. Research and recommendations done upon a request from the Department of Social Services.
  - 2. Consultation and planning of food programs serving the senior citizen community:
    - a. Meals on Wheels
    - b. Congregate Feeding
    - c. Alcoholic Rehabilitation Centers
  - 3. Nutrition Consultation to Advisory Boards of local or Federal Programs:
    - a. Regional
    - b. San Francisco Comprehensive Health
    - c. San Francisco Council of Churches
    - d. Meals on Wheels
- II. Those done essentially on own in conjunction with others working in the nutrition and/or health field:
- 1. Active participation and consultation in the following nutrition/health oriented committees in the San Francisco community:
    - a. San Francisco Heart Association (Nutrition Committee)
    - b. San Francisco Food Stamp Program (Nutrition Education Committee)
    - c. Nutrition and Health Worker's Program
    - d. Catholic Committee on Aging (Nutrition Committee)
    - e. Diabetes Association of Northern California
  - 2. Nutrition education provided to the following agencies:
    - a. Senior Citizen Centers and their Annual Hobby Show.
    - b. Para-professionals in the fields of nursing, health education and social work.
    - c. Lectures in Adult Health and Nutrition for students at

the following campuses : U. C. at San Francisco, S. F. State College, S. F. City College, and the San Francisco Skills Center.

- d. City College Food Center
3. Nutrition consultation and participation for food handling and food management workshops:
  - a. Nursing Home Administrators
  - b. Boarding Home Operators
  - c. Nutrition and Health Workers
  - d. Chef's Association of the Pacific Coast (Conducted course on Nutrition and Sanitation)
4. Educational materials developed, secured or promoted during the course of the year:
  - a. Promotion of the Edu-Pack System secured by the Department for professional use. System consists of 16 cassette tapes, each of which contains 60 minutes of vital and current nutrition information. Approximately 25 professionals utilized this system.
  - b. Developed one handout:
    - 1) "What Do You Cook for 1 or 2" - especially designed for use by Seniors.
  - c. Promoted the "Food Power" pamphlet, a booklet giving basic nutrition information that is geared mainly to low-income residents in San Francisco.
5. Participation in special projects with State and Community agencies:
  - 1) Evaluation of Unified School District proposed breakfast program and Mission Rebels operating program.
  - 2) At the request of State Attorney General, evaluated one month menu as offered to The Adjustment Center inmates at San Quentin Prison.
  - 3) Evaluation of Title VII Menus for local projects without nutrition consultants.

DIVISION OF TUBERCULOSIS CONTROL



## DIVISION OF TUBERCULOSIS CONTROL

All of the activities of the Division of Tuberculosis Control are directed toward prevention and treatment of tuberculosis in San Francisco. There are five clinics strategically located throughout the city to evaluate and treat pulmonary infections, principally tuberculosis, with emphasis on services directed toward the problems of the area.

The Chest Clinic at San Francisco General Hospital acts as a clearing house for all immigrants with suspected or diagnosed Tuberculosis as well as caring for cases from the Mission, Hunters Point and Outer Mission areas of the city. The clinic at St. Anthony's Dining Room provides unique services to the Tenderloin and Central City. This clinic was also designed to serve the alcoholic, often recalcitrant patients who require close supervision to insure adequate treatment.

The third clinic is situated in Chinatown. This area has the second highest case rate in the city, 98/100,000, exceeded only by the case rate in the Filipino population of 173/100,000. The fourth clinic, which originally functioned at Pierce and Ellis Streets was divided in late 1973 and now offers services at Health Center 5 at 24th Avenue and Judah Street and at the United States Public Health Service Hospital in the Richmond District (15th Avenue and Lake Street).

Other facilities of the Division are X-ray units at 101 Grove Street, 1490 Mason Street (Health Center 4), 1351 24th Avenue (Health Center 5), and the County Jail. X-rays are also taken at San Francisco General Hospital and Native American Clinic at 14 Julian Street. Although chest X-rays are used for survey purposes, this facet of Tuberculosis Control is not stressed as previously. It is generally accepted that the first step in case finding is a skin test followed by chest X-ray if the test is positive. X-rays taken at these various locations are read at either 101 Grove Street or the individual clinics.

At the San Francisco General Hospital Chest Clinic, there is a pulmonary function laboratory which helps greatly in the evaluation of destructive changes in the lung due to disease.

For an efficiently functioning division, it is necessary to have the working cooperation of other bureaus. The Bureau of Public Health Nursing helps to staff clinics and go out into the community to teach and deliver treatment for cases of tuberculosis. The Division depends upon the excellent bacteriology laboratory of the Health Department to be able to correctly diagnose and treat tuberculosis.

San Francisco's rate of tuberculosis cases ranked sixth in 1972 of the large cities of the United States with populations of 250,000 or more. The case rate was 42.2/100,000. In 1973 this increased slightly to 45.2/100,000, since there were 308 new active cases of tuberculosis in an estimated population of 681,000 (see Tables 1 and 2).

This persistently high case rate in spite of a national and state case rate of 15.2/100,000 in 1973 is due to the new citizenry. Much of the clinic effort is directed toward evaluation and treatment of prophylactic treatment of this group. Frequently, due to emotional or physical stress in this group, old disease reactivates. The Division has a very active prophylactic program for these individuals.

Starting with the fall of 1974 the Board of Education has agreed to require skin testing for tuberculosis infection for all children entering the school system. These tests will be done by the private sector of medicine as well as the health centers and chest clinics. We will continue skin testing the 10th grade throughout the city to determine how prevalent infectious tuberculosis is in the city by the rate of conversion up to age 16 years.

San Francisco was instrumental in showing recently in a Federal Study of INH toxicity that this drug rarely if ever causes hepatitis in children and young adults. This is the group to actively concern ourselves with in a preventive program. Much energy in the past has gone into prophylactic programs for the tuberculin reactor-converter group and this should begin to pay off in the young adult population.

Although the overall picture of Tuberculosis improves each year, San Francisco very definitely has a big problem. This problem is being met by the programs outlined above. Some aspects of the changing picture should be emphasized. General hospitals in San Francisco now accept and treat Tuberculosis. Whereas, not too long ago, San Francisco General Hospital had seven wards devoted to isolation and treatment there are now only 10 beds for this disease.

Tuberculosis in most instances can be well treated in the ambulatory clinic and this is why a program such as we have in San Francisco is proving so successful. Patients now rarely miss their appointments to the clinic, the reactivation rate has dramatically dropped and legal action for recalcitrant patients has almost disappeared. The physician specialists in the clinics act as consultants to provide medicine and help to provide services and latest information for the welfare and best interest of the general public.

Table 1  
REPORTED TUBERCULOSIS CASES, DEATHS AND RATES PER 100,000 ESTIMATED POPULATION  
BY TYPE OF DISEASE AND ETHNIC GROUP  
San Francisco Residents 1973

	CASES				DEATHS			ESTIMATED POPULATION	RATES PER 100,000 POP.	
	TOTAL	PUL.	PRIM.	OTHER	TOTAL	PUL.	OTHER		CASE	DEATH
TOTAL	308	236	18	54	20	17	3	681,200	45.2	2.9
White*	145	119	6	20	10	7	3	467,500	31.0	2.1
Negro	43	31	4	8	2	2	-	97,800	44.0	2.0
Chinese	60	47	3	10	5	5	-	61,400	97.7	8.1
Filipino	47	28	5	14	2	2	-	27,100	173.4	7.4
Japanese	4	2	-	2	1	1	-	11,800	33.9	8.5
American										
Indian	1	1	-	-	-	-	-	3,200	31.2	-
Other	8	8	-	-	-	-	-	12,400	64.5	-

\* Includes 13 Mexican: 9 pulmonary, 2 primary and 2 other.

Table 2  
NEW CASES OF TUBERCULOSIS BY HEALTH DISTRICT  
San Francisco 1973

HEALTH DISTRICT	7-1-73 ESTIMATED POPULATION	CASES	CASE RATE PER 100,000 POP.	PERCENT OF ALL CASES
TOTAL	681,200	308	45.2	100.0
1	123,200	57	46.3	18.5
2	146,500	55	37.5	17.9
3	135,100	48	35.5	15.6
4	108,100	101	93.4	32.8
5	168,300	41	24.4	13.3
District not reported	-	6	-	1.9





DIVISION OF VENEREAL DISEASE CONTROL



Physician in Venereal Disease  
Clinic Identifies Causative  
Organism.

## DIVISION OF VENEREAL DISEASE CONTROL

An all-time high number of cases were diagnosed and treated in Fiscal Year 1973-74, reflecting the dramatic expansion of program services predicted in the last Annual Report. Sudden increases in diagnosed infectious disease beginning in July, 1973, normally would be evaluated as a simple indication of increasing spread of disease. However, other figures report the unprecedented growth of traditional activities, as well as the successful implementation of new programs which have effected the gross number of cases.

Intensification of epidemiologic activities can first be noted by the 20.4% increase of investigations completed. This improvement did not come as a direct result of increased local staffing but from increased efficiency and physical effort on the part of existing Division staff. Moreover, the amount of activity does not reflect the dramatic impact of this vital program element. The "lion's share" of increased gonorrhea cases falls in the category of exposed persons treated preventively. This category exhibited more than a 50% increase over the previous year. Such increased activity was naturally responsible for identifying a greater number of infected individuals, too, particularly those with infectious syphilis.

To a great extent, the increased funding made available by the United States Public Health Service has opened the door for program expansion. As described in the last narrative, the Division's effort to detect asymptomatic females with gonorrhea was to be the major thrust of federal expenditures. Fiscal Year 1973-74 saw all goals for routine VD testing met by the Division, as nearly four dozen public and private health providers tested 110,086 female patients for gonorrhea, resulting in the identification of 5,252 new cases. New expansion of this activity will be directed primarily at the establishment of routine VD service in the private physician's office.

Additional federal personnel assigned to the Division helped to launch an energetic professional education program in Fiscal Year 1973-74. All laboratories engaged in VD testing were visited at least once, and 466 private physicians in priority practices were personally visited by Division representatives. As well as generally strengthening the Division's cooperative relationship with the private medical community, the activity solicited support for the VD screening effort from priority physicians.

Unexpected federal support also gave City Clinic itself a major "face lift" during FY 1973-74. With federal financing, an automated record retrieval system was installed in November 1973. The efficiency of this new system

had an almost immediate effect on the efficiency of direct patient services. Patient waiting time has been shortened dramatically, and the problem of misplaced medical records has been eliminated. Within three months of initial operation, the new system allowed City Clinic to serve 394 patients in one day, an all-time record.

With increased federal support and expenditure of personal energies in FY 1973-74 then, the Division truly seems to have begun the "landmark era" presaged in last year's Annual Report. At this time we are seeing both a greater number of infections identified and a greater number prevented than ever before. It is hoped that continued expansion and intensification of activities will soon begin to manifest their effect by a diminishing incidence of infection.

	1970-71	1971-72	1972-73	1973-74
Cases Diagnosed and Treated	17,928	15,094	17,804	19,413
Primary & Secondary Syphilis	348	446	437	567
Other Syphilis	1,736	2,053	2,265	2,547
Gonorrhea	15,844	13,595	13,907	16,299
Completed Epidemiological Investigations	10,866	10,934	13,507	16,267
New Patients	20,987	20,028	19,737	17,395
Re-Admissions (Reopen)	15,197	15,944	17,676	19,991
Total Patient Visits	66,240	65,054	63,912	62,129
Laboratory Tests	98,751	95,693	102,388	100,441

BUREAU OF MATERNAL AND CHILD HEALTH



The Eye and Ear Clinic Provides Medical  
Consultation for Students with  
Hearing or Vision Problems.

## BUREAU OF MATERNAL AND CHILD HEALTH

The Bureau of Maternal and Child Health is responsible for all the programs concerned with the health of expectant mothers, infants and children, as well as family planning and the prevention of unwanted pregnancy in women of childbearing age. Close working relationships exist with the District Health Centers, the Bureau of Disease Control and the Bureau of Public Health Nursing. The administrative staff of the Bureau of Maternal and Child Health maintains close liaison with the Unified School District, the private schools and with many other public and private agencies concerned with the health and welfare of mothers and children.

### MATERNAL HEALTH

A public health nurse assigned to the prenatal clinic at San Francisco General Hospital maintains the necessary liaison with the District Health Centers for the prenatal patients to insure optimum care. The Special Services Project of the Unified School District serving pregnant teenagers is staffed by a public health nurse paid from the MCH Categorical Allotment. This nurse provides individual and group instructions to these young women in a comprehensive setting, which includes continuation of their schooling, nutrition instruction and social case work.

More pregnancy tests were done this fiscal year. This test is performed on site in the Health Centers and appropriate counseling is done immediately upon the completion of the test. A woman with a positive result will be counselled according to her wishes, for prenatal care or for an abortion. Those with a negative result are counselled to seek contraceptive services.

The Family Planning Program is still growing. There are 18 clinic sessions operating each week in four Health Centers. The fifth Health Center accepts patients by appointment or as drop-ins any time during a work week. A 19th session is due to open in early July, 1974. Several of these clinics are funded through HEW (Title X) and State of California Family Planning Funds (Title IVa). A small number of vasectomies were done and paid by federal funds.

### CHILD HEALTH CONFERENCES AND IMMUNIZATION CENTERS

Infants and pre-school children can obtain well-child supervision in all Health Centers. This includes a physical examination, some screening procedures, necessary immunizations and parent counseling. Protection against infectious diseases is offered to children and adults in the Immunization

Centers. Tuberculin tests are given as indicated. Various vaccines are disbursed to the Department free-of-charge through the Immunization Assistance Act and some of this vaccine in turn is given to some of the hospital based pediatric clinics and free standing clinics. Smallpox vaccinations are given at 101 Grove Street to those needing this protection for various reasons.

### CRIPPLED CHILDREN SERVICES

The Crippled Children Services Program serves children with long term handicapping conditions where the care is expensive. Medical eligibility has been continually modified to include new medical conditions as they become a significant problem in the community. Presently the CCS Program can serve practically any child who needs extensive or long term medical care.

Since 1973, by law, there has been an annual increase in the Family's Standard Budget used by the Crippled Children Services to reflect the increase in living costs. This has helped CCS to serve more families who are medically indigent and whose finances cannot meet the expensive cost of long term medical care.

In the past year there has been close liaison with the local Medi-Cal program with mutual improvement in standards of care and services to patients. The excellent relationship with the local Medi-Cal staff has increased the CCS case-load through referrals.

The program continues to serve an increasing number of minority patients as they become a larger part of the San Francisco population. The CCS professional staff does active case finding through their contacts with other agencies, the school department, and with medical facilities. The staff offers support and consultation to community groups who seek help in developing new programs. Additionally, the staff participates in the graduate training program for registered nurses, sociology students, and residents and interns of San Francisco General Hospital by meeting with them and orienting them to the CCS program and allied services.

### SCHOOL HEALTH SERVICES AND DIAGNOSTIC CENTER

The School Health Program aims to find children with defects, and to provide follow-up for them as well as for those with previously known defects. Only when a defect is corrected will the child be able to obtain maximum benefit from the educational process. Screening for visual and hearing acuity is done routinely at certain grade levels. Children with signs and/or symptoms of visual or auditory nature, and children new to the city, are tested at any grade level. Color vision is tested in 3rd grade boys. Children who fail the vision and/or hearing tests can be more definitively screened at the Eye and Ear



Diagnostic Center. The Cardiac Diagnostic Center screens children with suspected cardiac defects. All of these services are given at no cost to the patient.

The Central Health Committee composed of representatives from the San Francisco Department of Public Health, the San Francisco Unified School District, the Archdiocese of San Francisco and the San Francisco Medical Society meets monthly to set and interpret procedures and policies for the operation of the School Health Program. Other agencies or individuals are frequently invited to participate.

### NUTRITION

The nutritionist of the Bureau continues to give her services to mothers and children registered at the Family Health Unit at San Francisco General Hospital. In addition, she works with various community groups as requested or needed.

The Supplemental Food Program has continued and has served an average of 7735 women and children per month in this past fiscal year.

### YOUTH GUIDANCE CENTER

All youngsters entering Youth Guidance Center are given a physical examination by a physician. Minor illnesses and accidents are treated at the facility while major illnesses or accidents are transferred to San Francisco General Hospital. During this past fiscal year a total of 7741 physical examinations were performed and there were 1021 dental visits. A Public Health Nurse funded through the MCH Categorical Allotment continues to facilitate necessary liaison with other health and related agencies. She also does health teaching for the youngsters while in the institution.

A full-time Medical Director was finally secured and began his duties on July 1, 1974. Decisions around this matter occupied the Medical Advisory Committee during the past year.

### SUMMARY AND RECOMMENDATIONS

San Francisco's birthrate has experienced a further drop in 1973 (11.4 live births per 1000 population). The infant deathrate has also dropped again slightly, from 15.8 per 1000 live births in 1972 to 15.6 per 1000 live births in 1973. In 1973 the rate for prematures was 42 per 1000 live births. Many factors, too complex to elaborate on here, have contributed to these reductions. The statistics in the attached table reflect the drop in population in general.

The new fiscal year will be seeing the implementation of AB 2068, now Section 1069 of the Health and Safety Code. This Section provides for screening examinations for all children entering 1st grade after July, 1975. Much administrative time will have to go into this. In addition, the Bureau will continue to work toward providing more paraprofessionals in the schools in order that the Public Health Nurse can assist parents more fully in attaining optimum health for their children.

SELECTED STATISTICS  
BUREAU OF MATERNAL AND CHILD HEALTH

	<u>Fiscal Year</u> <u>1972/73</u>	<u>Fiscal Year</u> <u>1973/74</u>
Child Health Conference	1,125	1,053
Child Health Conference Visits	13,701	12,280
Average per session	12.2	11.7
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Immunization Centers	262	245
Immunization Center Visits	19,293	21,447
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D-P-T and TD Immunizations	8,572	8,310
German Measles Immunizations	1,294	771
Measles Immunizations	336	309
Measles and Rubella (Combined) Immunizations	1,232	1,558
Polio Immunizations	7,571	7,179
Smallpox Vaccinations	5,634	6,016
Tetnus	-	130
Tuberculin Skin Tests	<u>12,819</u>	<u>15,015</u>
Total given in Child Health Conferences and Immunization Centers	37,458	39,288
<hr/>		
School Population	102,311	100,322
Examinations of School-Age Children done by DPH Physicians	8,307	8,289
Examinations of School-Age Children done by private Physicians	(not counted)	6,487
Children vision screened in school	38,775	35,013
Total number of tests	44,948	40,459
Children tested for Color Vision	3,861	3,386
Children hearing screened at school and at Ear Centers	31,537	28,396
Total number of tests	33,034	30,383
Eye Center Attendance	1,769	1,740
Ear Center Attendance	301	321
Cardiac Center Attendance	62	72
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Family Planning Clinic Sessions	708	753
Family Planning Clinic Attendance	13,046	15,438
Average per session	18.4	20.5
Pregnancy Tests	2,944	3,241



BUREAU OF DENTAL HEALTH



Children Receive Dental Care in  
the Health Center Clinics.

## BUREAU OF DENTAL HEALTH

The Dental Bureau is constantly striving to improve the oral health of the community by providing both clinical and educational programs to children who are residents of the city. The Dental Bureau believes that early detection and correction of dental problems are the answers to improved dental health, and, to that end, efforts are being made to carry out this philosophy both at the clinical facilities and at schools and nursery schools throughout the city.

The Dental Bureau, in addition to carrying out its own programs, also cooperates with teachers, teaching aides, school nurses, P.T.A. groups, etc., by providing educational materials, teaching suggestions, and resource information. The Bureau also acts as liaison between the local Dental Society. In this role, attempts are made to provide volunteers for needed or requested dental programs in the classroom.

### CARE PROGRAMS

Children under the age of 13 and who are residents of San Francisco are eligible for dental care at any of the clinical locations. This care is primarily restorative in nature, but includes fluoride treatments, prophylaxis, stainless steel crowns, and extractions. Orthodontia is not included in the services. First priority is given to emergency care which is available during the clinic hours only. Whenever clinical facilities or circumstances preclude proper treatment, every effort is made to refer the patient to an appropriate source of care.

### EDUCATIONAL PROGRAMS

Our policy of providing dental education programs in the schools throughout the city continues to be our main thrust in teaching youngsters the essentials of proper oral hygiene. In these programs we hope to instill habits and motivation that will last a lifetime. These programs are presented by a staff of dental hygienists and the Dental Bureau provides material support. Generous donations by the San Francisco Dental Society, administered through the Dental Bureau, also aid these programs, and by this means, many dental kits, containing a toothbrush and toothpaste, are distributed to school children every year.

## ACTIVITIES OF THE BUREAU

The clinical phase of the activities of the Dental Bureau for fiscal year 1973-1974 are as follows:

<u>ACTIVITY</u>	<u>NUMBER</u>
Patient visits	16,705
Fillings	17,026
Extractions	2,658
X-rays	9,382
Prophylaxis	1,996
Fluoride treatments	999
Other treatments	1,249

## EDUCATIONAL ACTIVITY

Schools visited	114
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The Dental Bureau has provided several students with work-training opportunities through the Summer Youth Program. These teenagers, all of whom have some interest in dentistry, have the chance to experience an exposure to clinical dentistry from the delivery aspect.

## ORTHODONTIC SCREENING BOARD

The clinical facilities of the Central Dental Clinic are used periodically by the Crippled Children's Service for the Orthodontic Screening Board. This is the method used to establish priorities for eligible orthodontic patients.

## COMMUNITY DENTISTRY

The Bureau continues to provide support to all community groups, interested in having a Dental Health Program. If the bureau is unable to provide a speaker or presentation, a sincere effort is made to find volunteers from within the profession who will fulfill the request.

The Bureau continues to provide dental screening for groups of school children (any age) upon request. These screenings not only show the general dental health of the school population, but in many cases, also intercept serious problems by making the teacher and parent aware of incipient dental disease. Many serious defects previously unrecognized, are frequently discovered during these screenings. The Bureau has a contract



with the University of California School of Dentistry to allow operation of the out-patient dental clinic of San Francisco General at District Health Center 3 when the Department of Public Health is not utilizing the facility. At Central, the Department of Public Health has a contract with CDS (the non-profit prepaid dental carrier) to allow for screening of Medi-Cal patients for dental services.

#### FUTURE PLANS

In keeping with its philosophy that Preventive Dentistry is the only reasonable approach to control of dental disease in large population groups, the Bureau hopes to be able to expand its Dental Health Education Program in the future. Oral hygiene instruction to small groups of children is now in the planning stage and future plans call for more audio-visual programs in the schools as well as an in-service program for public school teachers to help them to utilize the latest information in the field of Preventive Dentistry.



BUREAU OF PUBLIC HEALTH NURSING



## BUREAU OF PUBLIC HEALTH NURSING

The Bureau of Public Health Nursing coordinates and plans for the provision of nursing services within the public health programs of the Department. The maintenance of an acceptable quality of professional performance is accomplished through the establishment of standards of practice; evaluation of nursing service and performance of personnel; assessment of community health problems; participation in program development and modification; and the provision of supervision and inservice education to update knowledge and sharpen skills.

The major focus of public health nursing is to assist individuals and families to achieve and maintain a level of health that will enable them to utilize their capabilities in a meaningful and productive way. This goal is accomplished when nurses work together with individuals and families, other health professionals and community agencies in the identification of health related problems, in collaborative planning and in coordinated action to bring about the resolution of those problems which have an impact on the community as a whole. Greatest emphasis is placed on prevention of disease or disability and on maintenance of health.

Reorganization at the administrative level of the Bureau has enabled one nursing administrator to concentrate on areas related to adult health and disease control, another school health and the third on all other areas related to maternal and child health. This has provided opportunity for a closer working relationship with program directors, district health officers and community groups.

### Role Expansion

Approval was received from the State Department of Health for a pilot manpower project to permit the utilization and further development of nurses with expanded knowledge and skills in providing comprehensive primary care services. As previously reported, some nursing staff have completed nurse practitioner programs in family planning, maternity and child care. Through these programs additional skills and knowledge are added to basic nursing preparation which enable nurses to take medical histories, do physical examinations and make more definitive decisions for care. It is anticipated that more nurses will be prepared in the area of child health and others in provision of services to adults and senior citizens. At present an advisory committee of consumers and professionals is being developed.

## Child Abuse

Increased emphasis is being placed nationally on child abuse - the identification of factors which precipitate it and the means of prevention. Nursing participation on the recently formed Child Abuse Council has proven to be a most valuable contribution. In addition to the exploration of the magnitude of the problem, it has been possible to involve nurses in the discussion of cases with other professional disciplines in planning for necessary support services to families identified as needing assistance in coping with those stresses which may lead to abuse.

## In-Home Services

The outreach of nurses to individuals and families in their place of residence is perhaps our most significant and unique contribution. Referrals are received from a variety of sources such as family, friends, physicians and hospitals. Most often the stated reason for referral is not the only one. Skilful interviewing and counseling can uncover a complexity of interrelated needs.

The tables at the end of this report identify the major categories of services provided. At present a committee is working on a revision of the data collection system in an effort to more clearly identify nursing services so that better program planning may be accomplished and more realistic staffing patterns established.

## Liaison Services

Public health nurses assigned to San Francisco General Hospital provide for the continuity of nursing service from hospital to home through a well established referral system. During the past year a total of 1072 referrals were made.

Maternity	633
Pediatric	145
Medical/	
Surgical	287
Other	7

In addition to referrals these nurses counsel and instruct patients and provide for the education of nurses, physicians and social workers as to the availability of community nursing services. Feedback from the district nurses assists in planning or revising the medical care and assists interns and residents to recognize the community services available to them.

## Youth Guidance

The public health nurse at Youth Guidance has continued to modify her services in order to more appropriately meet the needs of the young people who pass through that center. Group instruction has proven to be a most effective and well received method of imparting instruction in general hygiene, nutrition, dental care and human sexuality. The nurse is also involved in securing a health history and counseling in relation to individual concerns, referring to district nurses for assistance to families and continuity of instruction to youth after discharge, and making selected home visits upon request.

Consultation is provided to the probation officers, faculty and counseling staff related to health data. Participation in planning for discharge permits the consideration of ways of meeting future as well as current health needs. As this team approach develops more fully, it is expected that each discipline will learn from the others and become better able to provide an increasingly comprehensive service.

## School Health

More than fifty percent of available nursing time continues to be assigned to the school program. This, in addition to 26% of all nursing visits to the age group 5-19, accounts for the largest single service.

During the past year nurses in three district health centers experimented with the assignment of half of the staff full time to school health services. It was the anticipation of the Bureau that this would assist us to more fully identify the most relevant services that could be reasonably supplied with the decreasing availability of staff. At this time information is being analysed. It is known that some nurses had to cover as many as 10 to 12 schools and the population served per nurse was more than 2500 with some nurses serving 3500. This is indeed unrealistic, since the recommendations generally accepted are one nurse to 1200 to 1500 students.

As in the past, six nurses were assigned to the Special Service Centers. They conducted 340 sessions for the 255 enrollees in prenatal, postnatal and infant care. This program continues to be well received for it provides students an opportunity to secure sound information, clarify their concepts and face parenthood at least knowing they can secure further assistance from district nurses.

### Community Activities

Nurses throughout the Department participate in many community groups concerned about health issues. The administrative staff is particularly active in working with other organizations such as the Visiting Nurse Association, Department of Social Services, School Department, Developmental Disabilities Committee, Heart Association, Cancer Society, Consortium on Nursing Education, Committee on Aging of the Chinatown-North Beach District Council and the Service-Education Committee on Community Nursing Services. The result of such participation is better planning for services and education programs and improved appreciation of the services of the different disciplines and agencies represented.

### Student Programs

This year 73 student nurses from the three collegiate nursing programs—San Francisco State University, University of San Francisco, University of California—had their field practice in the health centers. Programs are changing rapidly and it is challenging to keep abreast of the new trends. One value of this experience is that we become aware of our own needs for inservice and continuing education.

Medical students from the University of California also spend one-half day with the public health nurses, who attempt to give an overview of the services of the Department and provide a first hand opportunity to see the nurse in action on selected home visits.

### Future Plans

To keep our services realistic in light of community health needs and available nursing personnel, becomes increasingly difficult. As with most cities, San Francisco finds that a decreasing population can mean an increasing proportion of the people have more complex problems that require more time to resolve. Over the past five years the estimated population has decreased by about 9%, while the nursing staff available has been decreased by 19%. Recognizing the economic squeeze the city faces, the perplexity of needs of the people and the limited availability of nursing staff, it will require serious priority setting and program modification if we are to put our emphasis for service in areas most likely to benefit the community.

The impact of legislation on health care presents further demands on nursing service. Funding must be sought for those activities that are introduced through legislative action. Nurses are anxious and willing to participate, but they cannot be frustrated with overloads and insufficient time or support services to fulfill their commitments.



# Selected In-home Service Statistics

## Public Health Nursing Visits, Admissions, Readmissions and Discharges 1969 - 1973

	1973	1972	1971	1970	1969
Visits	53076	56556	64079	69223	68033
Admissions	8789	9131	9078	9688	9993
Readmissions	1106	1800	1728	1983	2325
Discharges	3785	3903	3827	4839	5630

## Number of Public Health Nursing Visits By Age Group 1969 - 73

	1973	1972	1971	1970	1969
Under 1 year	6544	6862	8918	9910	9796
1 - 4	4616	5271	5690	5883	5619
5 - 19	13971	15554	17502	19146	19357
20 - 44	19186	21007	23694	26017	25342
45 - 64	5006	4711	4931	5304	5004
65 and over	3753	3144	3334	2995	2914

## Number of Public Health Nursing Visits By Category of Service 1969 - 73

	Mater- nity	Health Super- vision	Tuber- culosis	Other Communi- cable Disease	Crippled Children	Mental Health	Chronic Illness
1973	8091	24293	13169	395	1483	1885	3856
1972	9395	25312	14701	252	1674	2166	3170
1971	12337	31048	11126	350	2039	3814	2566
1970	14634	31417	13050	288	2532	4050	3235
1969	15707	27899	14436	299	2567	3267	3868



BUREAU OF HEALTH EDUCATION



## BUREAU OF HEALTH EDUCATION

### OBJECTIVES

The purpose of the Bureau of Health Education is to assist the Department of Public Health in accomplishing its objectives through educational activities and services:

1. Giving assistance in planning and carrying out educational aspects of health programs.
2. Providing consultative services in educational methods, techniques and materials.
3. Community organization and working with community groups on cooperative educational activities.
4. Providing communication of health information to individuals, groups and the general public through the use of news media, the use of audio-visual materials and of written materials such as pamphlets, bulletins and reports.

### DEPARTMENTAL RELATIONSHIP

The Health Education staff of the Department functions as an educational resource to other Departmental personnel in the development and provision of health programs. Assistance is given to Bureau and Health Center staff by both consultation and direct services in connection with the educational aspects of Health Department programs and in staff development programs.

### PRESENT SERVICES

#### Health Education at the District Level

With five positions of Health Educator established in the Health Center budget and the staff Health Educator in the Bureau assigned to a Health Center, Health Education services are provided in all five Health Districts. The District Health Educator works with community individuals and groups in community organizational activities. He serves as a catalyst in identifying and meeting needs of the community through maximum use of existing education resources. He involves the community in Health Department programs and encourages appropriate use of medical services. He helps bring about a better understanding of health problems and their possible solution. He serves as a resource person in educational methods and materials for other professional staff at the Health

Center and attempts to stimulate an interest in the use of educational approaches in the promotion of health.

#### Film Library

A loan library of motion pictures, filmstrips and slides on health and safety subjects is operated by the Bureau. The volume and use of this service for the last five years is as follows:

<u>Fiscal Year</u>	<u>Number of Requests for Films</u>	<u>Number of Film Showings</u>	<u>Attendance</u>
1969-70	435	801	37,233
1970-71	657	1,306	38,209
1971-72	671	1,158	35,100
1972-73	755	1,279	37,132
1973-74	420	706	25,202

The films are loaned to staff and are available for outside programs in San Francisco when Department personnel are involved. Audio-visual equipment is maintained and loaned to staff, including projectors for motion pictures, filmstrips and slides and overhead and opaque projectors as well as tape recorders. Department personnel are given instruction on operation of the equipment as needed. Advice and consultation is given on the appropriate selection and effective use of audio-visual educational materials and equipment.

The California Department of Health has combined the old film libraries of the Department of Health and Department of Mental Hygiene and has issued a new catalog. These films are available without rental fee and the Bureau is providing information and catalogs to staff and community borrowers in San Francisco.

#### Educational Materials

Health education pamphlets and posters were evaluated, procured from both cost and free sources and distributed to the public directly or through other staff, particularly at the Health Centers. The District Health Educator procures and distributes materials which are appropriate to the health problems and priorities of the District, including foreign language materials for specific ethnic groups. Some materials are developed at the Health Centers to meet special needs. Educational materials which must be purchased are procured through this Bureau.

A file of reference materials on health, safety and related subjects is maintained and selected references are routed to appropriate personnel.

#### Information and Publicity

Information is provided to the public in person and by phone, which includes giving directions, referral to appropriate offices for services and referrals to facilities and agencies outside the Department. Information about the Health Department - its organization and services and interpretation of its programs - is given to students, agencies and the general public. City-wide publicity, including news releases and radio and TV spots on a variety of timely health problems and topics, is prepared and distributed to the press and the radio and TV stations. The Department's Weekly Bulletin is a source of news materials which may be used by the media.

#### Weekly Bulletin

The Department's continuing publication is prepared weekly for the Director of Public Health. This "Weekly Bulletin" reports on the various programs and services of the Department and calls attention to health problems and safety hazards in San Francisco. Approximately 1,900 copies are distributed weekly to newspapers, radio and TV stations, public and parochial school administrators, PTA officers, hospitals, libraries, community agencies, other health agencies, to many private physicians and health professionals, and City officials as well as to staff and interested individuals.

#### Annual Report

Assistance was given in the production and/or distribution of the Department's Annual Report and the annual Statistical Report.

#### Student Program

The cooperative arrangement with the Department of Health Education, California State University at San Francisco, continues. During the school year, health education students were provided fieldwork experience and supervision through the Health Education staff of the Health Department.

#### Mimeographing Services

During the last fiscal year, 320 stencils were mimeographed, providing 200,400 pages of mimeographed material. Duplicating services for Central Office are shared by this Bureau and the Health Centers Business Office.

## Mail

Except for that from San Francisco General Hospital, all the incoming and outgoing U.S. Mail is processed through this office. In addition, all messenger mail is handled by messengers from this Department and other City Departments through our mailroom.

## FUTURE PLANS

Generalized health education services are now provided in the Health Districts by Health Educators assigned to Health Centers. There is need to make health education services available to program bureaus, at least part-time, by particular program, such as disease control, occupational health, accident prevention, maternal and child health, environmental health, etc.

There is a problem of frequent turnover with Health Educator positions being unfilled for many months. One reason for the resignations is the lack of normal opportunity for advancement in the Civil Service System. The establishment of a Senior Health Educator classification should aid in retaining Health Educators in the Department.



PUBLIC HEALTH MICROBIOLOGY LABORATORY



Detection of Asymptomatic  
Gonorrhea Depends  
Upon Laboratory Support

Microbiologist Provides  
Laboratory Service to  
Community Tuberculosis  
Program



## PUBLIC HEALTH MICROBIOLOGY LABORATORY

### OBJECTIVES

The basic function of the Microbiology Laboratory is to furnish laboratory services in support of the various programs of the Health Department. The Laboratory works in close cooperation with other bureaus of the Department to provide diagnostic, consultative services in the areas of communicable disease, preventive medicine, and environmental health. The control of venereal disease and tuberculosis as well as other diseases of microbial origin requires diagnostic laboratory services. Laboratory tests that monitor the quality of water, milk and dairy products are important to the environmental health of the community.

The Laboratory also provides technical consultation and acts as a reference center for physicians, private clinical and hospital laboratories within the community. Training in microbiology is given to laboratory personnel in both the clinical and public health fields. Additionally, the Laboratory works toward developing, evaluating and standardizing new microbiological techniques.

### PRESENT PROGRAMS

#### COMMUNICABLE DISEASE CONTROL

##### Venereal Disease Control

Syphilis: Control depends, to a large extent, on the availability of accurate laboratory tests to physicians. The Laboratory provides the screening test (VDRL) services necessary for the conduct of Departmental programs and also provides direct service to all community physicians with specialized tests for syphilis (FTA-ABS and FADF).

In addition to diagnostic services, the Laboratory offers technical consultation to any other laboratory in the community providing these tests.

TABLE I

NUMBER AND PERCENTAGE OF SYPHILLIS  
SEROLOGY SPECIMENS EXAMINED BY SOURCE

	<u>Number</u>	<u>Percentage</u>
San Francisco City Clinic & City Prison	43,900	55.5
Private Physicians, Clinical and Hospital Laboratories	13,515	17.1
San Francisco General Hospital	10,471	13.2
Youth Guidance Center, Laguna Honda Hospital, etc.	2,092	2.6
District Health Centers	7,598	9.6
Civil Service Commission	1,592	2.0
TOTAL	79,168	100.0%

Gonorrhea: Over 55,000 additional patients were tested for gonorrhea through the support of federal project funds. This resulted in the detection of many more new cases of gonorrhea that otherwise would have gone undiagnosed.

TABLE II

NUMBER AND PERCENTAGE OF GONORRHEA  
SPECIMENS EXAMINED BY SOURCE

	<u>Number</u>	<u>Percentage</u>
San Francisco City Clinic	39,761	38.1
Federal Project	55,327	53.0
District Health Centers	7,583	7.3
San Francisco City Prison	687	0.7
Youth Guidance Center	774	0.7
Other	161	0.2
TOTAL	104,293	100.0%

Examinations for venereal disease control (syphilis and gonorrhea) comprised over 80% of all tests performed by this laboratory during the past year, and require 40% of total professional staff time.

### Tuberculosis Control

Microscopic, cultural and drug susceptibility testing services for tuberculosis were performed in support of the Division of Tuberculosis Control. The number of cultures referred for identification from private laboratories remained at a high level as a result of the awareness that *Mycobacteria* other than *Mycobacterium tuberculosis* are agents of tuberculosis-like disease. A battery of biochemical tests are employed to identify these disease causing agents. The laboratory provides consultation and training to community physicians and laboratory workers in this field and serves as a community reference laboratory.

Since 1962, a federally sponsored Special Tuberculosis Control Project Grant has provided funds for laboratory personnel and supplies to support laboratory examinations for Chest Clinic outpatients. This project terminated June 30, 1974.

TABLE III  
NUMBER AND PERCENTAGE OF TUBERCULOSIS  
SPECIMENS EXAMINED BY SOURCE

	<u>Number</u>	<u>Percentage</u>
San Francisco Tuberculosis Survey (Chest Clinic, Private Physicians Clinical and Hospital Labs)	3,494	69.6
San Francisco General Hospital	<u>1,528</u>	<u>30.4</u>
Total	5,022	100.0%

### Other Communicable Disease Services

Laboratory services are provided which aid in the diagnosis of many additional diseases of microbial origin, such as infections caused by bacteria, parasites, fungi and viruses. An increasing number of these examinations are being performed. The Laboratory also services as a reference center to which other Laboratories submit unusual specimens for identification.

TABLE IV

LABORATORY EXAMINATIONS BY YEAR AND PROGRAM AREA

	<u>1969-70</u>	<u>1970-71</u>	<u>1971-72</u>	<u>1972-73</u>	<u>1973-74</u>
<u>COMMUNICABLE DISEASE CONTROL</u>					
<u>Venereal Disease</u>					
Syphilis	67,880	79,810	81,159	90,181	92,889
Gonorrhea	47,713	56,559	57,816	81,008	104,293
<u>Tuberculosis</u>					
Microscopic	7,614	7,185	6,753	4,843	4,536
Culture	8,155	7,630	7,127	5,265	5,022
Drug Susceptibility	932	778	770	782	786
<u>Other</u>					
Bacteriology	1,140	3,169	1,292	1,305	2,871
Mycology	*	*	38	30	60
Parasitology	312	277	395	354	325
Virology	*	*	4,903	5,830	1,661
<u>Environmental Health</u>					
Milk	25,379	23,964	17,221	16,077	11,771
Water	5,830	6,042	5,990	5,974	6,179
Food	89	270	186	86	162
Rim Count	1,512	1,410	1,335	1,713	994
Miscellaneous	630	470	1,236	1,260	561
TOTAL EXAMINATIONS	167,186	187,564	186,221	214,708	232,110

\* Mycology and Virology included with Bacteriology for these years.

TABLE V

NUMBER AND PERCENTAGE OF TOTAL LABORATORY EXAMINATIONS  
BY PROGRAM AREA

	<u>Number</u>	<u>Percentage</u>
<u>Communicable Disease Control</u>		
Venereal Disease	197,182	84.9
Tuberculosis	10,344	4.5
Other (Bacteriology, Mycology, etc.)	4,917	2.1
Sub-Total	212,443	91.5
<u>Environmental Health</u>		
Dairy and Milk	11,771	5.0
Sanitation and Housing	7,335	3.2
Water	6,179	
Glass & Utensils	994	
Food	162	
Sub-Total	19,106	8.2
<u>Miscellaneous</u>		
Central Emergency, etc.	561	0.3
TOTAL	232,110	100.0%

## ENVIRONMENTAL HEALTH

### Dairy and Milk Services

The Laboratory provides the Division of Dairy and Milk Inspection with testing services for various milk products. These services include testing for the bacterial and antibiotic content of milk.

### Housing and Sanitation Services

The Laboratory provides services in the area of Housing and Sanitation for establishing the bacteriological quality of drinking, swimming pool and recreational waters, cleanliness of restaurant eating utensils, and the detection of harmful bacteria in food products.

Most of the laboratory services provided in Sanitation are financed through fees collected from milk producers, processors, and distributors, from restaurants and other operators licensed by the Department.

TABLE VI

### PERCENTAGE OF MICROBIOLOGIST TIME REQUIRED BY PROGRAM AREA

<u>Communicable Disease Control</u>	<u>Percentage</u>
Venereal Disease Control	40
Tuberculosis	23
Other (Bacteriology, Mycology, etc.)	23
	<u>86</u>
 <u>Environmental Health</u>	
Dairy and Milk	7
Sanitation and Housing	7
	<u>14</u>
 Total	<u><u>100%</u></u>

### FUTURE PLANS

On July 1, 1975 routine viral laboratory diagnostic services currently provided by the State Laboratory will be discontinued for the City and County of San Francisco and several other large counties in the State. Viral diagnostic services include those for poliomyelitis, influenza, aseptic meningitis and prenatal-congenital infections. A request for funds to support this community disease control service through the Health Department will be presented in the 1975-1976 budget.



PUBLIC HEALTH CHEMISTRY LABORATORY



## PUBLIC HEALTH CHEMISTRY LABORATORY

### Purpose and Objectives

The role of the Chemistry Laboratory is to provide reliable analytical and diagnostic support for the various programs of the Health Department for the people of the City and County of San Francisco. This work is implemented through the various bureaus within the Department, mainly the Inspection Bureau (Environmental Health and Milk and Dairy), Bureau of Disease Control and Adult Health, Community Mental Health Services which includes the Psychiatric Outpatient Clinic and Psychiatric Wards, the Acute Detoxification Units, Methadone Maintenance Program, and the Hospital Services (San Francisco General Hospital, Emergency Hospitals, Laguna Honda Hospital). It serves other City and County Departments such as Police, Purchasing, Water, Youth Guidance Center, and the Unified School District. Technical consultation and laboratory studies and services are provided on request for a variety of governmental and private laboratories, agencies and departments. Such as the California Highway Patrol, Veterans Administration Hospital and the Society for the Prevention of Cruelty to Animals. The Chemistry Laboratory has served as referee in court cases being tried in surrounding Bay Area Counties, and is on the referee list of the Association of Official Analytical Chemists.

In addition, the laboratory helps to administer laws and regulations relating to Public Health as set forth in the Codes of the City and County of San Francisco, the State of California and the Federal Government. Assistance is given official law enforcement agencies by making available services relating to forensic chemical problems. An important part of this work is testifying as expert witness in courts of law.

The Chemistry Laboratory is thus responsible for providing reliable chemistry services to the physicians, courts, and the people of San Francisco and surrounding areas. Maintaining the reliability of such services is critically important to the public health and safety. We share these responsibilities with other bureaus in implementing departmental programs.

### Present Program

The following table reflects most of the work performed in the preceding year. A total of 10,143 samples were received and 114,216 tests were performed on those samples. The table below summarizes the type of services provided by the laboratory but does not reflect the many hours spent towards the development, evaluation and the standardization of new methodologies and techniques.

Group	No. of Samples	Tests Performed
Biological specimens for toxicology	5737	78822
Stomach contents for toxicology	511	6531
Drugs	99	1178
Sobriety tests	1139	16999
Meats, processed and ground	264	1770
Waters	484	3183
Air samples	350	350
Milk and Milk products	1453	3632
Miscellaneous foods (canned & packaged foods, food poisonings, etc.)	71	1379
Miscellaneous products other than foods (paints, chemicals, solutions, etc.)	35	372

Accidental ingestion of toxic substances, whether by inadvertent home accident or attempted suicide, has become a daily hazard in patients of all ages. While speed is of the essence in a limited number of cases, assessment of the clinical status of the patient coupled with the laboratory's findings to verify the poisonous agent ingested would allow for the rapid formulation of the diagnosis so that appropriate therapy can be instituted. Toxicology has been pressed by the continuing reality of narcotic and drug abuse added to the long standing problems of alcoholism, accidental poisonings and occupational hazards. Thus the need for re-thinking toxicology within the Public Health Chemistry Laboratory's useful time frame takes on a sense of urgency as can be noted from the above table. Toxicology (Forensic, Clinical and Industrial) now assumes 85% of the chemists time in the number of tests performed. Routine public health chemistry such as tests for chemical analysis of milk and milk products, processed and ground meats, testing for air and water pollution, sewage analysis, adulterants in foods, food poisonings and other miscellaneous chemical analysis all are examples of necessary services in connection with our medical and environmental health programs provided and constituting the remaining 15% of Toxicology-Chemistry section of our Public Health Laboratory's services to the community.

Specific identification and quantitative determination is the service provided. This includes isolation and purification from body fluids and then evaluation and interpretation of these analytical results. Consultation services concerning lethal doses, proper antidotes indicated, composition and properties of particular poisons are also given upon request.

Of these toxicological specimens analyzed for ingested poisons, taken either accidentally or with suicidal intent among adults (over eighteen years of age), barbiturates are found in greatest frequency. Among children, however, economic poisons (household cleaning or polishing agents, aerosol sprays, barbecue

fluids, pesticides, rodenticides, etc.) are most common with various cosmetics and proprietary medicines, especially aspirin second and prescription medications. In the entire adult population, alcoholism and depression go hand in hand thus poisoning from a combined overdose with sedative-hypnotic drugs and alcohol, whether purposeful or not, is a common event. Also it has been found that the suicide rate is increasing in the young and is a reflection of our "pill-taking society". Also with a number of new drugs which can cause toxic symptoms and often rendering a patient in a comatose state, it becomes essential for the laboratory to be well informed in order to assist doctors in their diagnosis with a rapid and accurate identification screening of body fluids for the toxic poison.

#### Future Services and Plans

1. In conjunction with the Bureau of Disease Control and Adult Health and the Bureau of Environmental Health Services, the laboratory plans to expand work to resolve environmental health problems in the City & County of San Francisco. Immediate needs involve work and services for sampling and analysis of various environmental toxic poisons such as carbon monoxide, lead, arsenic, mercury, copper and other environmental health hazards. To fully implement this, a gas chromatograph with thermal conductivity detector system would be essential either as a separate instrument or as an accessory attachment to our present gas chromatography system.
2. To continue the development of methods for the detection of drugs of abuse and other toxic substance of toxicological interest in biological fluids by the gas chromatograph and the UV-Visible spectrophotometer.
3. The relocation of the Toxicology-Chemistry Laboratory is most imminent as the construction of the new hospital nears completion. As the building now housing the laboratory is planned for demolition upon the completion of the new hospital, a plan to move to a permanent location should be started immediately.



## APPENDIX





<u>Appropriation No.</u>	1973-74 <u>Budget Allowance</u>	<u>Adjustments</u>	1973-74 <u>Adjusted Allowance</u>	<u>Expended &amp; Encumbered</u>	<u>Balance</u>
<u>Methaagone Maintenance</u>					
3.581.200.000.000	317,125	(51,200)	265,925	154,230	111,695
3.581.200.000.010		50,000	50,000	50,000	-
3.581.203.000.000	50	-	50	-	50
3.581.300.000.000	1,950	1,104	3,054	2,478	576
3.581.365.000.000	30,000	-	30,000	13,181	16,819
3.581.368.000.000	24,000	-	24,000	8,150	15,850
3.581.800.000.000	51,000	-	51,000	50,722	278
3.581.998.000.000		154,791	154,791	10	154,781
3.581.998.200.000		712,090	712,090	677,202	34,888
3.581.998.200.010		12,948	12,948	12,948	-
3.581.998.200.100		18,100	18,100	12,568	5,532
3.581.998.300.000		4,000	4,000	2,016	1,984
3.581.998.300.100		30,814	30,814	32,494	(1,680)
3.581.998.800.000		25,315	25,315	13,600	11,715
3.581.998.800.100		30,000	30,000	-	30,000
3.583.200.000.000	75,000	(20,003)	54,997	33,005	21,992
	499,125	967,959	1,467,084	1,062,604	404,480
 Total CMHS	 12,490,541	 4,157,733	 16,648,274	 14,699,171	 1,949,103

1973-74 Budget Appropriation No.	1973 - 74 Adjusted Allowance	1973 - 74 Adjusted Allowance	Expendeds & Encumbered	Balance	
3,567,400.020	11,108	(7,211)	3,897	7,236	(3,339)
3,567,400.030	2,750	(565)	2,185	1,538	647
3,567,400.060	1,000	11,025	12,025	1,478	10,547
3,567,400.070	800	(800)	-	-	-
3,567,476.020	170	-	170	141	29
3,567,476.060	600	35	635	605	30
3,567,800.020	45,220	-	45,220	33,620	11,600
3,567,800.021	25	-	25	-	25
3,567,800.030	55,000	-	55,000	13,930	41,070
3,567,800.060	180,100	(9,453)	170,647	108,920	61,727
3,567,800.070	57,570	(6,807)	50,763	31,609	19,154
3,567,900.021	4,640	4	4,644	-	4,644
3,567,999.000		2,556,607	2,556,607	2,442,781	113,826
	4,210,352	3,225,573	7,435,925	6,454,727	981,198

# Alcoholism

3,575,200.000		26,059	26,059	21,161	4,898
3,575,200.020	33,806	-	33,806	21,917	11,889
3,575,200.030	1,240	4,750	5,990	2,026	3,964
3,575,200.040	766	-	766	476	290
3,575,200.050	13,357	-	13,357	12,207	1,150
3,575,203.000	425	-	425	418	7
3,575,203.020	440	-	440	432	8
3,575,203.030	175	-	175	118	57
3,575,203.040	300	-	300	41	259
3,575,203.050	465	-	465	410	55
3,575,267.000	525,000	-	525,000	454,149	70,851
3,575,300.000	1,740	-	1,740	1,032	708
3,575,300.020	6,780	-	6,780	4,246	2,534
3,575,300.030	1,940	-	1,940	1,849	91
3,575,300.040	1,500	-	1,500	1,457	43
3,575,300.050	3,760	-	3,760	1,400	2,360
3,575,365.020	3,000	-	3,000	550	2,450
3,575,365.030	25	-	25	-	25
3,575,365.040	50	-	50	-	50
3,575,365.050	150	-	150	150	-
3,575,368.020	15,000	-	15,000	10,798	4,202
3,575,368.050	1,000	-	1,000	1,000	-
3,575,389.020	80,000	17,000	97,000	96,022	978
3,575,389.030	30,000	(17,000)	13,000	10,000	3,000
3,575,389.040	3,000	-	3,000	3,000	-
3,575,400.000	980	(980)	-	-	-
3,575,400.020	1,180	(511)	669	911	(242)
3,575,400.050	80	-	80	84	(4)
3,575,800.000	26,200	(7,953)	18,247	9,300	8,947
3,575,800.030	40,000	(22,125)	17,875	17,875	-
3,575,800.040	9,360	-	9,360	9,112	248
3,575,800.050	28,000	-	28,000	-	28,000
3,575,998.000		76,244	76,244	2,250	73,994
3,575,400.040		350	350	191	159
	829,719	75,834	905,553	684,582	220,971

Community Mental Health Services - Dept. Of Public Health  
City & County of San Francisco  
FY 1973-1974 Balances of Appropriations as of 6/30/74

<u>Appropriation No.</u>	1973-74 Budget <u>Allowance</u>	<u>Adjustments</u>	1973-74 Adjusted <u>Allowance</u>	Expended & <u>Encumbered</u>	<u>Balance</u>
3.565.400.010	1,670	(123)	1,547	1,547	-
3.565.476.010	100	-	100	86	14
3.565.800.010	10,640	40	10,680	9,790	890
	20,621	(83)	20,538	17,559	2,979
 <u>Mental Health Centers</u>					
3.567.200.000	660	-	660	642	18
3.567.200.020	8,410	1,750	10,160	8,976	1,184
3.567.200.021	344	-	344	254	90
3.567.200.030	19,670	-	19,670	17,840	1,830
3.567.200.060	23,665	579	24,244	17,782	6,462
3.567.200.070	7,415	(1,015)	6,400	5,629	771
3.567.203.020	1,200	-	1,200	854	346
3.567.203.021	1,000	-	1,000	659	341
3.567.203.030	800	-	800	630	170
3.567.203.060	400	865	1,265	202	1,063
3.567.203.070	300	-	300	7	293
3.567.216.030	400	-	400	400	-
3.567.216.060	1,000	-	1,000	1,000	-
3.567.267.020	311,801	507,217	819,018	748,018	70,135
3.567.267.030	992,775	(102,075)	890,700	733,944	156,756
3.567.267.031		82,075	82,075	82,075	-
3.567.267.060	449,396	-	449,396	279,075	170,321
3.567.267.070	1,456,045	135,558	1,591,603	1,406,045	185,558
3.567.267.080	276,579	49,828	326,407	276,579	49,828
3.567.300.000	540	1,000	1,540	1,609	(69)
3.567.300.020	5,268	-	5,268	5,531	(263)
3.567.300.021	1,016	-	1,016	1,011	5
3.567.300.030	5,669	749	6,418	6,265	153
3.567.300.060	17,094	1,970	19,064	19,256	(192)
3.567.300.070	10,360	(2,740)	7,620	7,541	79
3.567.365.000	300	150	450	53	397
3.567.365.020	5,000	-	5,000	4,826	174
3.567.365.030	1,500	-	1,500	1,046	454
3.567.365.060	1,800	-	1,800	244	1,556
3.567.365.070	1,500	1,170	2,670	2,470	200
3.567.366.000	1,100	-	1,100	958	142
3.567.366.020	25,000	5,000	30,000	30,636	(636)
3.567.366.021	50	-	50	-	50
3.567.366.030	20,000	4,000	24,000	18,417	5,583
3.567.366.060	75,100	1,600	76,700	32,550	44,150
3.567.366.070	35,442	(5,000)	30,442	26,963	3,479
3.567.369.000	700	-	700	292	408
3.567.369.020	7,800	-	7,900	7,800	-
3.567.369.030	16,000	18,000	34,000	20,535	13,465
3.567.369.060	21,750	(5,668)	16,082	16,079	3
3.567.369.070	45,620	(12,600)	33,220	26,326	6,894
3.567.400.000	700	325	1,025	985	40

Community Mental Health Services - Dept. of Public Health  
City & County of San Francisco  
FY 1973-74 Balances of Appropriations as of 6/30/74

<u>Appropriation No.</u>	1973-74 Budget <u>Allowance</u>	<u>Adjustments</u>	1973-74 Adjusted <u>Allowance</u>	Expended & <u>Encumbered</u>	<u>Balance</u>
<u>Administration</u>					
3.561.200.000	478,835	(10,000)	468,835	334,671	134,164
3.561.200.010	1,185	-	1,185	1,134	51
3.561.203.000	360	-	360	19	341
3.561.216.000	400	-	400	400	-
3.561.216.010	200	-	200	200	-
3.561.267.000	6,263,409	(2,766,461)	3,496,948	3,407,000	89,948
3.561.267.001		71,660	71,660	71,660	-
3.561.267.002		95,340	95,340		-
3.561.267.003		33,500	33,500	33,504	(4)
3.561.267.004		34,000	34,000	34,000	-
3.561.267.005		31,521	31,521	31,762	(241)
3.561.267.006		110,250	110,250	110,250	-
3.561.267.007		126,000	126,000	126,000	-
3.561.267.008		46,200	46,200	46,200	-
3.561.267.009		1,999,315	1,999,315	1,999,305	10
3.561.267.010		18,500	18,500	10,500	8,000
3.561.267.011		42,000	42,000	42,000	-
3.561.300.000	15,120	(1,415)	13,705	12,961	744
3.561.300.010	2,140	(700)	1,440	1,041	399
3.561.300.020	500	50	550	516	34
3.561.476.000	300	-	300	275	25
3.561.800.000	80,350	45,800	126,150	41,750	84,400
3.561.800.020	12,000	(40)	11,960	6,900	5,060
3.561.998.001		4,722	4,722	750	3,972
3.561.400.000		10,890	10,890	6,471	4,419
	6,854,799	(108,868)	6,745,931	6,414,609	331,322
<u>Center for Special Problems</u>					
3.563.200.000	7,720	-	7,720	7,606	114
3.563.203.000	400	(100)	300	46	254
3.563.267.000	4,200	-	4,200	4,200	-
3.563.300.000	2,775	100	2,875	3,031	(156)
3.563.365.000	500	200	700	554	146
3.563.368.000	23,000	(7,535)	15,465	13,219	2,246
3.563.400.000	3,585	4,653	8,238	3,794	4,444
3.563.476.000	250	-	250	171	79
3.563.800.000	33,495	-	33,495	32,469	1,026
	75,925	(2,682)	73,243	65,090	8,153
<u>Mental Retardation</u>					
3.565.200.010	3,831	-	3,831	3,820	11
3.565.203.010	800	-	800	772	28
3.565.300.010	3,480	-	3,480	1,474	2,006
3.565.368.010	100	-	100	70	30

Department of Public Health - San Francisco General Hospital  
Other Than Personal Service Accounts

<u>Account Number</u>	<u>1973-74 Budget Allowance</u>	<u>Adjustment</u>	<u>1973-74 Adjusted Allowance</u>	<u>Expended &amp; Encumbered</u>	<u>Balance</u>
3.557.200.000	872,917	(117,332)	755,585	717,149	38,436
3.557.200.001	-	370,350	370,350	370,000	350
3.557.203.000	200	-	200	-	200
3.557.216.000	2,700	-	2,700	2,700	-0-
3.557.267.000	3,222,656	(3,222,656)	-0-	-0-	-0-
3.557.267.001	3,056,295	-	3,056,295	3,056,291	4
3.557.300.000	222,970	109,970	332,940	312,164	20,776
3.557.365.000	695,000	119,500	814,500	845,628	(31,128)
3.557.367.000	215,000	-	215,000	213,162	1,838
3.557.368.000	1,034,213	53,571	1,087,784	1,055,201	32,583
3.557.368.001	137,000	(137,000)	-0-	-	-0-
3.557.368.002	70,000	(12,921)	57,079	37,205	19,874
3.557.383.000	115,000	-	115,000	114,985	15
3.557.389.000	365,000	160,008	525,008	546,016	(21,008)
3.557.400.000	649,484	34,159	683,643	288,810	394,833
3.557.476.000	5,000	-	5,000	4,995	5
3.557.500.000	-	12,000	12,000	12,000	-0-
3.557.900.000	17,860	-	17,660	17,860	-0-
3.557.999.000	-	4,973	4,973	4,112	861
3.691.231.557	-	207,496	207,496	207,496	-0-
 Total San Francisco General Hospital	 10,681,295	 (2,417,882)	 8,263,413	 7,805,774	 457,639

Department of Public Health - Laguna Honda Hospital  
Other Than Personal Service Accounts

<u>Account Number</u>	<u>1973-74 Budget Allowance</u>	<u>Adjustment</u>	<u>1973-74 Adjusted Allowance</u>	<u>Expended &amp; Encumbered</u>	<u>Balance</u>
3.555.200.000	170845	(7500)	163345	150134	13211
3.555.216.000	2800	2500	5300	5300	-0-
3.555.236.551	7700	-	7700	7400	300
3.555.300.000	132110	(163)	131947	124564	7383
3.555.365.000	90000	14000	104000	103272	728
3.555.367.000	7200	-	7200	3918	3282
3.555.368.000	170000	34000	204000	204000	-0-
3.555.383.000	141000	(6000)	135000	134570	430
3.555.389.000	536688	109000	645688	635814	9874
3.555.390.170	17112	(874)	16238	15238	1000
3.555.390.186	32200	(343)	31857	26857	5000
3.555.390.187	19500	(4825)	14675	14675	-0-
3.555.390.188	17500	(640)	16860	16860	-0-
3.555.390.555	200000	(32000)	168000	132677	35323
3.555.390.557	124200	7331	131531	131531	-0-
3.555.390.999	125000	(57317)	67683	116588	(48905)
3.555.400.000	132674	(41360)	91314	73074	18240
3.555.476.000	700	-	700	715	(15)
3.555.900.000	-	-	-	-	-
3.695.231.555	-	125938	125938	125938	-
Total Laguna Honda Hospital	1927229	141747	2068976	2023125	45851

Department of Public Health - Emergency Hospitals  
Other Than Personal Service Accounts

<u>Account Number</u>	<u>1973-74 Budget Allowance</u>	<u>Adjustment</u>	<u>1973-74 Adjusted Allowance</u>	<u>Expended &amp; Encumbered</u>	<u>Balance</u>
3.551.200.000	10404	2436	12840	12728	112
3.551.216.000	18000	18440	36440	36440	-0-
3.551.300.000	13390	2344	15734	15734	-0-
3.551.365.000	12600	5312	17912	17912	-0-
3.557.368.551	6000	-	6000	5792	208
3.551.383.000	3300	(825)	2475	1183	1292
3.551.389.000	200	-	200	-	200
3.551.400.000	675	(162)	513	513	-0-
3.551.998.000	30836	1807	32643	30836	1807
3.695.231.551	-	3197	3197	3197	-0-
 Total Emergency Hospitals	 95405	 32542	 127954	 124335	 3619

Department of Public Health - Hassler Hospital  
Other Than Personal Service Accounts

<u>Account Number</u>	1973-74 Budget <u>Allowance</u>	<u>Adjustment</u>	1973-74 Adjusted <u>Allowance</u>	Expended P: <u>Encumbered</u>	<u>Balance</u>
3.553.200.000	3750	(150)	3600	1871	1729
3.553.216.000	200	-0-	200	200	-0-
3.553.300.000	1050	10	1060	929	131
3.553.800.000	7500	-0-	7500	7027	473
3.695.231.553	-	4377	4377	4377	-0-
Total Hassler Hospital	12500	4237	16737	14404	2333



Department of Public Health - Central Office Bureau  
Other Than Personal Service Accounts

<u>Account Number</u>	1973-74 <u>Budget Allowance</u>	<u>Adjustment</u>	1973-74 <u>Adjusted Allowance</u>	Expended & <u>Encumbered</u>	<u>Balance</u>
<u>Venereal Disease Control</u>					
3.545.200.000.000	2,069	(50)	2,019	1,201	818
3.545.203.000.000	1,500	(750)	750	740	10
3.545.300.000.000	3,500	1,600	5,100	4,960	140
3.545.365.000.000	7,300	(600)	6,700	6,137	563
3.545.368.000.000	11,000	(200)	10,800	10,570	230
3.545.800.000.000	10,800	-	10,800	10,800	-0-
3.695.231.545.000	-	1,727	1,727	1,727	-0-
 TOTAL CENTRAL OFFICE	 1,784,631	 762,577	 2,547,208	 2,183,765	 363,443

Department of Public Health - Central Office Bureau  
Other than Personal Services Accounts

<u>Account Number</u>	1973-74 <u>Budget</u> <u>Allowance</u>	<u>Adjustment</u>	1973-74 <u>Adjusted</u> <u>Allowance</u>	<u>Expended</u> <u>&amp;</u> <u>Encumbered</u>	<u>Balance</u>
<u>Health Education</u>					
3.537.200.000.000	390	-0-	390	354	36
3.537.300.000.000	3,250	15	3,265	3,265	-0-
3.537.400.000.000	648	6	654	649	5
<u>Public Health Nursing</u>					
3.539.200.000.000	11,326	(11,000)	326	178	148
3.539.200.000.010	-0-	11,000	11,000	11,000	-0-
3.539.203.000.000	50	-0-	50	45	5
3.695.231.539.000	-0-	28,985	28,985	28,985	-0-
3.539.300.000.000	650	160	810	599	211
3.539.389.000.000	10,400	(7,400)	3,000	1,863	1,137
<u>Statistics</u>					
3.541.200.000.000	9,600	-0-	9,600	9,495	105
3.541.300.000.000	4,515	1,200	5,715	5,340	375
3.541.400.000.000	1,000	(103)	897	897	-0-
<u>Tuberculosis Control</u>					
3.543.200.000.000	3,681	-	3,681	3,690	(9)
3.543.203.000.000	300	-	300	227	73
3.543.300.000.000	1,165	200	1,365	1,329	36
3.543.300.010.000	125	-	125	118	7
3.543.365.000.000	200	-	200	145	55
3.543.365.010.000	333	-	333	76	257
3.543.367.000.000	13,000	-	13,000	8,740	4,260
3.543.368.000.000	6,500	-	6,500	6,262	238
3.543.368.010.000	1,500	-	1,500	952	548
3.543.400.000.000	30	(30)	-0-	-0-	-0-
3.543.476.000.000	-	262	262	262	-0-
3.543.600.010.000	283	-	283	282	1
3.543.998.200.000	-	1,000	1,000	751	249
3.543.998.300.000	-	500	500	218	282
3.543.998.365.000	-	3,000	3,000	2,884	116
3.543.998.400.000	-	738	738	690	48
3.543.998.800.000	-	2,700	2,700	2,521	179

Department of Public Health - Central Office Bureau  
Other Than Personal Services Accounts

<u>Account Number</u>	<u>1973-74 Budget Allowance</u>	<u>Adjustment</u>	<u>1973-74 Adjusted Allowance</u>	<u>Expended &amp; Encumbered</u>	<u>Balance</u>
<u>Enviromental Health</u>					
3.531.216.000.000	6,652	-0-	6,652	6,432	220
3.531.216.010.000	193	-0-	193	193	-0-
3.531.300.000.000	11,241	127	11,368	11,368	-0-
3.531.300.010.000	2,930	-0-	2,930	2,742	188
3.531.365.000.000	480	(7)	473	464	9
3.531.365.010.000	112	-0-	112	72	40
3.531.400.000.000	16,113	6	16,119	16,058	61
3.531.999.000.000	-0-	21,375	21,375	21,375	-0-
<u>Rat Control</u>					
3.532.998.000.000	-0-	5,000	5,000	1,504	3,496
3.532.998.200.000	-0-	1,000	1,000	-0-	1,000
3.532.998.201.000	-0-	900	900	1	899
3.532.998.206.000	-0-	1,000	1,000	1,000	-0-
3.532.998.216.000	-0-	1,200	1,200	220	980
3.532.998.301.000	-0-	8,000	8,000	2,639	5,361
3.532.998.232.000	-0-	500	500	253	247
3.532.998.302.000	-0-	1,000	1,000	434	566
3.532.998.375.000	-0-	1,250	1,250	892	358
3.532.998.376.000	-0-	2,500	2,500	985	1,515
3.532.998.400.000	-0-	900	900	882	18
<u>Juvenile Court - Medical</u>					
3.533.300.000.000	640	105	745	745	-0-
3.533.365.000.000	800	(22)	778	306	472
3.533.368.000.000	2,500	-0-	2,500	2,265	235
3.533.400.000.000	80	22	102	99	3
<u>Health Centers</u>					
3.535.200.000.000	78,695	738	79,433	79,270	163
3.535.203.000.000	9,600	-0-	9,600	8,858	742
3.535.210.000.000	600	-0-	600	600	-0-
3.535.300.000.000	14,205	292	14,497	14,185	312
3.535.365.000.000	8,000	457	8,457	8,457	-0-
3.535.368.000.000	25,000	(198)	24,802	24,432	370
3.535.400.000.000	2,771	(335)	2,436	2,436	-0-
3.535.800.000.000	1,080	-0-	1,080	1,080	-0-

Department of Public Health - Central Office Bureau  
Other Than Personal Services Accounts

<u>Account Number</u>	<u>1973-74 Budget Allowance</u>	<u>Adjustment</u>	<u>1973-74 Adjusted Allowance</u>	<u>Expended &amp; Encumbered</u>	<u>Balance</u>
<u>Family Planning</u>					
3.522.998.000.000	-0-	251036	251036	131248	119788
3.522.998.200.000	-0-	1349	1349	591	758
3.522.998.300.000	-0-	400	400	160	240
3.522.998.365.000	-0-	7457	7457	4269	3188
3.522.998.366.000	-0-	17229	17229	6706	10523
3.522.998.368.000	-0-	2500	2500	1870	630
3.522.998.375.000	-0-	800	800	186	614
3.522.998.400.000	-0-	1431	1431	1187	244
3.523.998.000.000	-0-	26595	26595	25605	990
<u>State Immunization</u>					
3.524.998.000.000	-0-	800	800	567	233
<u>Disease Control</u>					
3.525.200.000.000	15397	-0-	15397	15216	181
3.525.203.000.000	275	-0-	275	147	128
3.525.300.000.000	1260	19	1279	1266	13
3.525.365.000.000	300	-0-	300	136	164
3.525.368.000.000	500	-0-	500	500	-0-
3.525.998.000.000	-0-	17460	17460	17396	64
<u>Dental Services</u>					
3.529.200.000.000	903	300	1203	930	273
3.529.203.000.000	600	-0-	600	554	46
3.529.300.000.000	1500	-0-	1500	1460	40
3.529.365.000.000	8000	389	8389	8389	-0-
3.529.368.000.000	1400	500	1900	1836	64
3.529.400.000.000	850	-0-	850	698	152
<u>Environmental Health</u>					
3.531.200.000.000	2137	-0-	2137	1800	337
3.531.200.010.000	660	500	1160	1052	108
3.531.203.000.000	17500	-0-	17500	15607	1893
3.531.203.010.000	3000	(500)	2500	1949	551

Department of Public Health - Central Office Bureau  
Other Than Personal Services Accounts

<u>Account Number</u>	<u>1973-74 Budget Allowance</u>	<u>Adjustment</u>	<u>1973-74 Adjusted Allowance</u>	<u>Expended &amp; Encumbered</u>	<u>Balance</u>
<u>C.O. - Alcoholism</u>					
3.515.998.000.000	-0-	66616	66616	66616	-0-
<u>C.O. - Drug Abuse</u>					
3.516.998.000.000	-0-	42142	42142	42142	-0-
<u>Microbiology Lab.</u>					
3.517.200.000.000	1118	204	1322	1322	-0-
3.517.300.000.000	2286	-0-	2286	2118	168
3.517.365.000.000	11000	(680)	10320	10320	-0-
3.517.368.000.000	11000	400	11400	11383	17
3.517.400.000.000	8925	86	9011	9011	-0-
3.517.998.001.000	-0-	12700	12700	12037	663
<u>Chemical Lab.</u>					
3.519.200.000.000	450	-0-	450	344	106
3.519.300.000.000	330	-0-	330	329	1
3.519.365.000.000	1000	-0-	1000	882	118
3.519.368.000.000	950	250	1200	1123	77
3.519.400.000.000	12500	(60)	12440	12399	41
<u>Reality House West</u>					
3.520.998.000.000	-0-	71258	71258	71258	-0-
<u>Maternal &amp; Child Health</u>					
3.521.200.000.000	998	-0-	998	972	26
3.521.203.000.000	350	-0-	350	221	129
3.521.267.000.000	460000	-0-	460000	458650	1350
3.521.300.000.000	1050	150	1200	1166	34
3.521.367.000.000	800	-0-	800	400	400
3.521.400.000.000	150	(150)	-0-	-0-	-0-
3.521.998.000.000	-0-	170	170	3	167

1973-1974

Department of Public Health - Central Office Bureau  
Other Than Personal Services Accounts

Account Number	1973-74 Budget Allowance	Adjustment	1973-74 Adjusted Allowance	Expended & Encumbered	Balance
3.511.200.000.000	225	-0-	225	149	76
3.511.300.000.000	300	150	450	362	88
3.511.400.000.000	410	-0-	410	410	-0-
3.511.900.000.000	502235	(10000)	492235	334679	157556
3.511.900.000.010	-0-	10000	10000	10000	-0-
3.511.999.001.000	-0-	877	877	75	802
3.511.999.002.000	-0-	8919	8919	6710	2209

Administration

3.513.200.000.000	229270	-0-	229270	220829	8441
3.513.200.610.000	-0-	39210	39210	39210	-0-
3.513.216.000.000	1400	-0-	1400	1400	-0-
3.695.231.513.000	-0-	6418	6418	6418	-0-
3.513.267.000.000	67000	(51050)	15950	-0-	15950
3.513.267.001.000	6000	(4000)	2000	2000	-0-
3.513.267.002.000	4000	-0-	4000	4000	-0-
3.513.267.003.000	1000	-0-	1000	-0-	1000
3.513.267.004.000	15000	-0-	15000	15000	-0-
3.513.267.005.000	6600	-0-	6600	6600	-0-
3.513.267.011.000	-0-	7000	7000	7000	-0-
3.513.267.013.000	-0-	5000	5000	5000	-0-
3.513.267.014.000	-0-	7000	7000	7000	-0-
3.513.267.015.000	-0-	15000	15000	15000	-0-
3.513.267.016.000	-0-	5000	5000	5000	-0-
3.513.267.018.000	-0-	5000	5000	5000	-0-
3.513.267.027.000	-0-	1000	1000	1000	-0-
3.513.269.000.000	49075	-0-	49075	49075	-0-
3.513.300.000.000	6400	1519	7919	7869	50
3.513.365.000.000	175	-0-	175	29	146
3.513.368.000.000	2500	-0-	2500	2202	298
3.513.400.000.000	1445	30	175	174	1
3.513.400.610.000	-0-	74700	74700	74700	-0-
3.513.476.000.000	100	-0-	100	65	35
3.513.800.000.000	38800	-0-	38800	36335	2465
3.513.998.000.000	-0-	300	300	300	-0-
3.513.998.200.000	-0-	30492	30492	30492	-0-
3.513.998.206.000	-0-	2260	2260	1082	1178
3.513.998.241.000	-0-	2500	2500	2500	-0-
3.513.998.300.000	-0-	2176	2176	1849	327
3.513.998.400.000	-0-	915	915	908	7
3.513.998.476.000	-0-	1500	1500	823	677
3.513.999.815.000	-0-	540	540	300	240

Department of Public Health  
Comparison of Budget Estimates with Actual Revenues 1973-1974

<u>Revenue Account Number</u>	<u>Source</u>	<u>Budget Estimate</u>	<u>Actual Receipts*</u>
<u>COMMUNITY MENTAL HEALTH (cont'd)</u>			
7613	Convalescent Care	18000	23147
7613C	Harriet Street - (MediCal)	-	3442
7625A	Center for Special Problems - (MediCal)	190000	198832
7625C	Methadone Maintenance - (MediCal)	892000	158789
7625G	Methadone Induction Center	35000	387
7625H	Methadone Induction Center - (MediCal)	-	13947
7625I	Mission Methadone - (MediCal)	1000	-
7625	Center for Special Problems	15000	11414
7686A	Child Psychiatric Clinic - (MediCal)	75000	204162
7686	Child Psychiatric Clinic	<u>1000</u>	<u>-</u>
	Total Community Mental Health Services	<u>18683271</u>	<u>14582157</u>

\* Adjusted for accruals

Department of Public Health  
Comparison of Budget Estimates with Actual Revenues 1973-1974

<u>Revenue Account Number</u>	<u>Source</u>	<u>Budget Estimate</u>	<u>Actual * Receipts</u>
<u>Community Mental Health</u>			
6766A	Northeast Mental Health Center Staffing Grant	750000	635000
6766B	Mission Mental Health Center Staffing Grant	450000	40000
6766C	Bayview Mental Health Center Staffing Grant	650000	86000
6766D	Northeast Mental Health Center II Staffing Grant	180000	15000
6766	Mission Mental Health Center Staffing Grant	420000	490000
6786	Community Mental Health (State)	11314071	9785355
7601B	Mission Mental Health Center - In-patient	30000	228
7601C	Mission Mental Health Center - In-patient (MediCal)	46000	78296
7601D	Mission Mental Health Center - Out-patient	5000	6522
7601G	Mission Mental Health Center - Out-patient(MediCal)	393000	363593
7601H	Bayview Mental Health Center - In- patient	20000	351
7601I	Bayview Mental Health Center - In-patient(MediCal)	42000	225069
7601J	Bayview Mental Health Center - Other	1000	806
7601K	Bayview Mental Health Center - Other (MediCal)	570000	341533
7601L	Northeast Mental Health Center - In-patient	-	127
7601M	Northeast Mental Health Center - In-patient(MediCal)	-	184481
7601N	Northeast Mental Health Center - Other	70000	1312
7601O	Northeast Mental Health Center - Other (MediCal)	1687000	558010
7601P	Sunset Mental Health Center - Other	1000	167
7601Q	Sunset Mental Health Center - Other(MediCal)	170000	249328
7601R	Acute Detoxification	50000	6162
7601S	Acute Detoxification -(MediCal)	281000	408666
7601U	Immediate Psychiatric Aid	1200	-
7601V	Immediate Psychiatric Aid -(MediCal)	180000	233214
7613A	Convalescent Care - (MediCal)	190000	258817
7613B	Themis House	15000	-



Department of Public Health  
Comparison of Budget Estimate with Actual Revenues 1973-1974

<u>Revenue Account Number</u>	<u>Source</u>	<u>Budget Estimate</u>	<u>Actual Receipts *</u>
<u>Laguna Honda Hospital</u>			
7613	Convalescent Care	18000	24862
7611	Care of Patients	125000	152383
7611A	Care of Patients - Medicare	150000	172236
7611B	Care of Patients - Medi-Cal	7100000	6693662
7611C	Care of Patients - Group II Liability	1500000	1361970
7612	Meals - Miscellaneous	<u>12000</u>	<u>11840</u>
	Total Laguna Honda Hospital	<u>8205000</u>	<u>8416267</u>
 <u>San Francisco General Hospital</u>			
7601A	Care of Patients	1800000	1732655
7601E	Care of Patients - T.B.	180000	241585
7601F	Care of Patients - Medicare	1500000	3803150
7602	Sale of Meal Tickets	22000	40042
7604	Care of Compensation Cases	25000	6802
7606	Care of Patients - Medi-Cal	13500000	11139666
7606A	Care of Patients - Group II Liability	1000	575
7607	Care of Patients - Acute Detox	250000	429367
7602	Miscellaneous	<u>11000</u>	<u>11521</u>
	Total San Francisco General Hospital	<u>17276000</u>	<u>17482370</u>
	Total Institutions	<u>26201000</u>	<u>25822337</u>
	Total Department of Public Health	<u>46201971</u>	<u>41802184</u>

Department of Public Health  
Comparison of Budget Estimate with Actual Revenues 1973-1974

<u>Revenue Account Number</u>	<u>Source</u>	<u>Budget Estimate</u>	<u>Actual Receipts</u> *
<u>Central Office Services</u>			
3101	Foods & Beverages - Tax Collector	125000	130314
3103	Public Eating Places - Tax Collector	300000	300000
4501	Penalties - Tax Collector	25000	25000
6540	Special Public Health Assistance Fund	161000	153792
6760	Crippled Children Program - (State)	300000	306000
7502	Milk Inspection	180000	164460
7543	Fumigation Fees	200	28
7544 A & B	Laundry Openings & Renewals	500	550
7581	Birth Certificate Fees	70000	75829
7582	Death Certificate Fees	90000	89933
7583	Removal Permit Fees	10000	10375
7590	Burial Refunds )		
7590	Travel Certificates )	50000	57043
7590	Miscellaneous )		
7660	Crippled Children - Care & Treatment	6000	7366
Total Central Office		<u>1317700</u>	<u>1320690</u>

\* Adjusted for accruals



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